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ABSTRACT

This final report documents the findings of a study designed to evaluate the quality and efficiency of early education programs for handicapped children in Louisiana during 1985-86. More than 400 classes in 65 formal programs (residential, home-based, and center-based) serving approximately 5,000 handicapped children ages 3-5 were studied. The multiple-model research design included data collection from program visits, classroom observations, surveys and questionnaires, personal interviews with program personnel and parents, and class and individual student profiles. Factors associated with program efficiency and effectiveness were identified and reported (e.g., communication and cooperation among related services staff and the classroom teacher). Quantitative outcome measures included children's developmental gains in skill areas, their exit placement status, and kindergarten teachers' ratings of performance. Projected placement for 40 percent of children served was regular kindergarten (with or without some degree of support service). Among twelve recommendations resulting from the study were (1) that child search activities need to be developed to educate the public about the range of services available to handicapped children and their parents, and (2) that the present one-year developmental delay requirement for receiving related therapy services should be modified. The rest of the report consists of six appendixes which make up nearly half the document: (1) four design matrices (program definition, program effects, program relationships, and expected outcomes); (2) description of programs and services offered by special state schools with preschool programs (e.g., Louisiana School for the Deaf); (3) 13 collection instruments (questionnaires/interviews), each targeted toward a role-specific category, e.g., administrators; child search coordinators; professional ancillary staff; pupil appraisal staff; supervisors/coordinators; teachers; and others; (4) "Audit Trail," information on the development and/or use of the questionnaire/survey instruments, an evaluator-designed classroom observation/interaction data collection instrument, qualitative questions, and rating scales; (5) a list of participants and the agenda for a 15-member project advisory team; and (6) the results of an interagency group interview. (JW)

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STATEWIDE EVALUATION OF EARLY EDUCATION PROGRAMS FOR HANDICAPPED CHILDREN IN LOUISIANA

1985-86

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FINAL REPORT

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Table of Contents

Page

List of Figures vii

List of Tables viii

Acknowledgments ix

Chapter

1. Executive Summary.. 1.1
  Introduction.. 1.1
  Design of the Study.. 1.2
  Findings of the Study.. 1.4
  Recommendations of the Study.. 1.6
    Recommendation #1.. 1.6
    Recommendation #2.. 1.8
    Recommendation #3.. 1.10
    Recommendation #4.. 1.11
    Recommendation #5.. 1.12
    Recommendation #6.. 1.14
    Recommendation #7.. 1.15
    Recommendation #8.. 1.16
    Recommendation #9.. 1.17
    Recommendation #10.. 1.18
    Recommendation #11.. 1.19
    Recommendation #12.. 1.20

2. History of the Program and Background for the Study...... 2.1
  Legislative Mandates.. 2.1
    Early education programs for handicapped children...... 2.1
    Evaluation initiative.. 2.2
  Louisiana's Early Education Program.................... 2.4
  Purpose of Evaluation.. 2.8
  References.. 2.14

3. Relevant Literature.. 3.1
  Early Education Programs for Handicapped Children....... 3.1
    Parent training programs.. 3.2
    Curriculum and instructional materials................ 3.3
    Guidelines and recommendations for program implementation and replication...................... 3.4
    Efficacy studies of early intervention programs........ 3.5
    Summary.. 3.9
  Research Design and Methodology........................ 3.9

Naturalistic inquiry 3.10
The case study method 3.12
Integration of qualitative and quantitative data bases 3.14
Summary 3.15
References 3.17

4. Design and Methodology 4.1
Theoretical Framework 4.1
Design of the Study 4.2
Overview of Data-Collection Activities 4.3
Sampling Framework 4.7
Subjects and Data Sources 4.13
Prefatory Naturalistic Study 4.15
Overview of purpose and procedures 4.15
Unexpected outcomes of the naturalistic component 4.17
Protocols for naturalistic component 4.18
First-Wave Case Studies 4.20
Overview of purpose and procedures 4.20
First-wave use of the instruments 4.22
Second-Wave Case Studies 4.24
Overview of purpose and procedures 4.25
Second-wave use of the instruments 4.25
Instrumentation to describe children 4.27
Instrumentation to describe classrooms 4.28
Instrumentation to describe interaction patterns 4.30
Third-Wave Component 4.30
Overview of purpose and procedures 4.30
Interagency case study 4.33
Third-wave use of instruments 4.34
Data Analysis 4.35
References 4.39

5. Data Analysis and Findings 5.1
Introduction 5.1
Purpose and Procedures 5.2
Program Definition 5.4
Numbers of children served 5.4
Types of children served 5.5
Kinds of children served 5.10
Program settings 5.13
Residential settings 5.13
Home-based settings 5.14
Wide variety of home-based settings 5.15
Teachers shared home-based experiences 5.20
Advantages of home-based settings cited 5.25
Disadvantages of home-based settings cited 5.25

Center-based settings.................................. 5.26
Facilities housing the program......................... 5.31
The Preschool Handicapped Program Staff................ 5.37
Regional coordinators.................................. 5.37
Local special education supervisors/early childhood coordinators............................. 5.39
School-level administrators............................ 5.39
Pupil appraisal personnel.............................. 5.40
Child search coordinator............................... 5.42
Teachers and aides/assistants.......................... 5.43
Modes of teacher/aide operation........................ 5.44
Teachers discuss burnout............................... 5.45
Aide burnout... 5.48
Professional ancillary staff........................... 5.51
Work settings for professional ancillary staff........ 5.54
Bus drivers and attendants............................. 5.55
Volunteers serving the program......................... 5.56
Types of services...................................... 5.65
Types of educational services.......................... 5.68
Structured settings.................................... 5.69
Flexibly structured settings........................... 5.70
Other settings... 5.72
Extended-year services................................. 5.75
Costs of services...................................... 5.83
Program Relationships.................................. 5.92
Coordination of services............................... 5.92
Staff characteristics.................................. 5.100
Child Search Activities................................ 5.105
Frequency of child search activities................... 5.106
Personnel.. 5.107
Costs of child search activities....................... 5.107
Results of child search activities..................... 5.108
Early education interventions.......................... 5.114
The Appraisal Process.................................. 5.115
Screening and evaluation............................... 5.115
Instruments.. 5.115
Procedures... 5.117
Coordination between pupil appraisal personnel and instructional staff............................. 5.120
Kinds of assessment information used by teachers...... 5.121
Learning Accomplishment Profile (LAP).................. 5.122
Implications for teacher-administered tests........... 5.122
A typical day in the life of a handicapped preschooler......................... 5.126
Program Effects.. 5.133
Expected Outcomes...................................... 5.133
Participation Factors.................................. 5.137

Models of Programs for Preschool Handicapped Children.. 5.138
  Home-based model.. 5.138
  Center-based model.. 5.139
  Summary of data analysis.. 5.141
  Retained factors.. 5.143
  Challenges in serving SPH children.. 5.143
  Program demands.. 5.145
  Related services challenges.. 5.147
  Child gains.. 5.148
  Exit placement.. 5.149
  Kindergarten performance.. 5.150
  Parent-reported outcomes.. 5.151

6. Recommendations.. 6.1

7. Dissemination.. 7.1
  Initial Dissemination Activities.. 7.1
  Interim Activities.. 7.3
    Formal presentations.. 7.3
    Results of the formal presentations.. 7.4
    Informal presentations at the state level.. 7.5
    Informal presentations at the federal level.. 7.6
  Final Dissemination Activities.. 7.7

Appendix

A. Design Matrix: Program Definition.. A.1
   Design Matrix: Program Effects.. A.9
   Design Matrix: Program Relationships.. A.11
   Design Matrix: Expected Outcomes.. A.13

B. Special State Schools with Preschool Programs.. B.1
  Special School District No. 1.. B.2
    Other programs in SSD#1.. B.4
  Approved Special State Schools.. B.5
    Louisiana School for the Deaf (LSD).. B.5
    Louisiana School for the Visually Impaired (LSVI).. B.6
    Down Syndrome Project.. B.7
    Human Development Center (HDC).. B.8
    Louisiana Special Education Center (LSEC).. B.9
    Northeast Louisiana Special Education Center.. B.9

C. Data-collection Instruments.. C.1

D. Audit Trail D.1
  Twelve role-specific questionnaires D.2
  Use of classroom observation/interaction data-collection instrument D.2
  Qualitative core questions D.10
  Use of the Early Education Environment Rating Scale (Harms & Clifford, 1980) D.10
  Use of the Class and Individual Profile Data as Program Descriptors and as Outcome Measures D.15
  Use of the Kindergarten Teacher Rating Scale as an Outcome Measure D.15

E. Advisory Team Summary E.1
  Advisory Team Members E.6

F. Interagency Group Interview: Summary Report F.1
  Question 1. What services are being provided by you or your agency for handicapped children between the ages of 0 and 5 and their parents? F.2
  Question 2. How does each agency locate the children that it serves? F.5
  Question 3. What coordination of services exists among the agencies and between the agencies and the public school systems? F.6
  Question 4. What are the benefits/difficulties of networking as it is structured now? F.8
  Conclusions F.10
  Recommendations F.11
  Interagency Meeting Participants F.13

List of Figures

Figure Page

2.1. Preschool Handicapped Evaluation: Relative Program Size (1984-85)............................... 2.3

2.2. The LEEP Network: Eight Service Regions............... 2.5

2.3. LEEP Program Formats................................. 2.7

2.4. The LEEP Network: Small Programs Across the State 1-4 Classes Reported in 1984-85...................... 2.10

2.5. The LEEP Network: Medium Programs Across the State 5-15 Classes Reported in 1984-85..................... 2.11

2.6. The LEEP Network: Large Programs Across the State 16-34 Classes Reported in 1984-85.................... 2.12

4.1. Flow Chart of the Evaluation Paradigm................. 4.4

4.2. Illustration of Quantitative and Qualitative Responses on the Questionnaire for Teachers........... 4.36

List of Tables

Table Page

4.1. Sampling Data for Observations and Interviews......... 4.5

4.2. Representation of LEA Programs in the Evaluation Phases.. 4.8

4.3. Third-Wave Instrument Returns........................ 4.9

4.4. Summary of Sampling Framework by Wave................. 4.12

4.5. Sampling Data for Role-Specific Questionnaires........ 4.32

5.1. Profile of a typical center-based program showing children's sex, race, and socioeconomic status...... 5.11

5.2. State-level means for class profile data (weighted by LEA program).......................... 5.12

5.3. Kindergarten teachers' ratings of the performance of 59 "graduates" of the preschool program for handicapped children................................ 5.150

5.4. Parent-reported outcomes: Child change................ 5.151

5.5. Parent-reported outcomes: Family effects............. 5.152

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Chapter 1

Executive Summary

Introduction

In 1977, the Louisiana State Legislature enacted Act 754 (Education of All Exceptional Children Act) a parallel of Federal P.L. 94-142. Act 754 mandated services to identified handicapped children 3 to 5 years of age, and permitted services to children from birth to 2 years who have serious handicapping conditions, which, if untreated, could become greatly compounded by the time these children reach school age. The Louisiana State Department of Education has received State Implementation Grant funding annually since 1978. Since the first year of funding, when the program consisted of only six school systems providing special education services to handicapped preschool students, the program has expanded into a formal preschool program in 65 public school systems plus several residential programs and specialized day programs across the state currently serving more than 5,000 children.

In 1985 the Bureau of Evaluation, Louisiana Department of Education, submitted a study proposal to the U.S. Department of Education following the guidelines outlined in the "Application for Assistance under the State Educational Agency/Federal Evaluation Studies Program," CFDA Number: 84.159. The proposal, titled "Statewide Evaluation of the Early Education Program for

Handicapped Children in Louisiana," outlined a joint effort between the Bureau of Evaluation in the Office of Research and Development and the Office for Special Educational Services. Following a competitive review, the proposal was funded, and the U.S. Department of Education entered into a cooperative agreement with the Louisiana Department of Education to conduct the proposed evaluation. The study began on January 1, 1985, and was completed on June 30, 1986. A no-cost extension to September 30, 1986, allowed for the completion of the final technical report and six summary reports that describe the roles and responsibilities of the service providers in the program.

The purpose of this evaluation was to provide information about the quality and efficiency of the early education program for handicapped children in Louisiana. The major objectives of the evaluation were: (1) to define and describe the program models, (2) to identify and report the factors within these models that are associated with program effectiveness and efficiency (3) to measure and report the outcomes of the program, and (4) to identify and report policy considerations in areas related to the programs.

Design of the Study

The study consisted of four major segments: a prefatory naturalistic study designed to provide the foundation for a design matrix, one axis of which identified the data to be collected and the others identified probable data sources; first-wave case studies designed to facilitate access to data and to check the feasibility and content of questionnaire/interview protocols; expanded second-wave case studies designed to fieldtest data collection instruments and to continue the qualitative investigatory component; and the final third-wave component designed to collect quantitative and qualitative data via use of data collection instruments, personal interviews, telephone interviews, group interviews, and classroom observations.

Thirteen separate instruments were developed to collect information from school administrators, teachers, aides, bus drivers, related and support persons, and other service providers in the programs, as well as from parents. Class and student profiles were also developed to collect information about the numbers and types of children being served by the program, and the performance of those children. The instruments, designed to be used as either interview protocols or questionnaires, were developed through the naturalistic inquiry approach and through the two waves of 12 case studies conducted during the first six months of the evaluation. Following their development and field-testing, the 13 instruments were used in the third wave of the study to collect information from the remaining 55 programs throughout the state.

Findings of the Study

Findings of the evaluation are based upon a multiple-model research design that included data collection via 39 program visits, 59 class observations, 570 surveys/questionnaires, 1,020 personal interviews with program personnel and parents, 303 class profiles, 606 individual student profiles, and more than 664 hours of on-site field work. While the major outcomes of the study appear in Chapter 5 of the technical report, additional findings are incorporated in six summary reports relating to the role and responsibilities of program personnel. Descriptive analysis of the quantitative data and a summary of the qualitative interview data in these six reports provide information about the training and experience of program personnel, the specific duties of each person in the program, the concern that they have regarding the performance of those duties, and the benefits and difficulties of the preschool program as perceived by the various program personnel.

The quantitative outcome measures used in this study included children's developmental gains in major skill areas, children's exit placement status, and kindergarten teachers' ratings of the children's performance in seven different areas.

In reviewing the developmental gains, it is important to note that the gains occurred over a seven- to eight-month period of instruction. Also, the children, who have a wide range of exceptionalities or handicapping conditions, may not progress at a normal developmental pace.

The mean gains in the areas of fine motor writing and fine motor manipulation were 10.4 months and 10.9 months, respectively, with a range of 0 to 24 months. In the cognitive matching and cognitive naming areas, mean gains were 11.6 months and 10.1 months with a range of 0 to 36. Mean gains in the language naming and language comprehension areas were 9.6 months and 11.8 months. Gross motor (object movement and body movement) mean gains were 9.6 months and 7.7 months.

The gains in the self-help areas of eating, dressing, grooming, toileting, and self-direction should be reviewed cautiously, for many teachers either were unable to establish basal or ceiling scores, or assumed age-appropriate skill mastery and did not test those areas. The mean gains ranged from a low of 1.7 months in eating to a high of 11.1 months in dressing.

The factors most highly correlated with the children's developmental gains were program demands, challenges of serving SPH children, and related services challenges. It would appear that the manner in which systems minimize hassles such as excessive paperwork, or help the staff cope with other demands, such as maintenance-of-health procedures or working in isolation, is associated with program outcomes. The kinds and frequencies of services provided, particularly to SPH children, also appear to be important. Finally, the communication and cooperation among the related services staff and the classroom teacher constitute another factor associated with positive program outcomes.

Analysis of the exit placement data revealed that the projected placement for 40 percent of the children being served by the program was regular kindergarten or regular kindergarten with some support services. This figure represents 234 of the 578 children for whom data were provided. The projected placement for 44 percent of the children was self-contained classrooms, and for 16 percent, special centers or an institution.

Kindergarten teachers' ratings of the children's performance were surprisingly high and may have been slightly inflated due to the method of data collection. Mode-level data indicate that the kindergarten teachers most frequently rated the children as on line with the class average in six of the seven skill areas. In the seventh, expressive language, they rated the children above the class average. The strongest showing by "graduates" of the preschool program was in their degree of independence. Fifty-one percent of the kindergarten teachers rated the children as on line with the class average or above the class average in this area.

Recommendations of the Study

The major recommendations of this study and the rationale for each are as follows:

Recommendation #1. The Louisiana Early Education Program for handicapped children between the ages of 3 and 5 years should be continued in both of its present formats: center-based and home-based. In light of the current trend toward more center-based programs than home-based ones, it is also recommended that the home-based format be considered as a viable option based on the finding that the weaknesses of the center-based format are, in fact, the strengths of the home-based format. This is particularly true in the rural areas of the state.

Rationale. Based on the results of this study, both the center-based and home-based program formats have been shown to be effective vehicles for the delivery of services to preschool handicapped children. However, the two formats were often cited as being diametrical to each other in that the weaknesses of the center-based format were the strengths of the home-based format. The major weaknesses of the center-based programs cited by program personnel included factors such as the fatigue of the children following the long bus rides to and from school; the lack of parental involvement; the difficulty in individualizing instruction when the classes are composed of children with a wide range of handicapping conditions and abilities; the legal issues surrounding the maintenance-of-health procedures sometimes required for these children; the lack of adequate available classroom space; the limited availability of appropriately-sized toileting and eating facilities for small children in the schools or centers; and the costs of the program (particularly those of the extended-year program). The major strengths of the center-based formats that were cited included the facilitation of the service delivery of related services and the enhancement of the child's socialization skills. The major strengths of the home-based format were identified by teachers and parents as the individualization of instruction in the home, the close working relationship between the teacher and the parent, the opportunity for the teacher to view the child within the context of the home environment, and the low per pupil costs. The weakness cited by teachers in the home-based format was the lack of opportunities for the child to develop socialization skills. Although some of the teachers expressed concern about going into certain home environments in which they must sometimes work, this was not cited as a program weakness.

Recommendation #2. The role of the regional coordinators in the Louisiana Early Education Program (LEEP) Network should be expanded to include responsibilities in the following areas:

- curriculum training for teachers in the preschool program in their regions,
- training in the administration of pretests and posttests, interpretation of the results, and the application of these results in instructional planning for handicapped children,
- structuring a learning environment appropriate for young

handicapped children,

- securing and disseminating information about different handicapping conditions to teachers and, via teachers, to parents,
- continuing the data-collection activities initiated in this study,
- serving as interagency liaisons and as sources of information about agencies and agency services for teachers and parents.

Rationale. Given the newness of preschool education for the handicapped in Louisiana, its rapidly changing state, and the increases in the numbers and kinds of children requiring complex services, it is crucial that a network of competent, well-informed individuals remain intact to disseminate current information, to provide much-needed technical assistance, to facilitate interagency service delivery to handicapped preschoolers and their parents, and to enable the state to offer direction in what is emerging as one of the most controversial and most exciting areas of education. Having observed the rapport the members of the current network have established with the LEAs and the LEA receptiveness to these people and their ideas, the evaluators feel that implementation of this recommendation could result in a cooperative effort between the SEA and the LEAs toward the goal of providing an exemplary educational program for young handicapped children in Louisiana. Further, given the mounting interest in educational programs for other "at-risk" preschoolers across the state, the LEEP network could provide state and local decision makers with invaluable information based upon a decade of experience in educating young children.

Recommendation #3. The Louisiana State Department of Education should provide direction and instructional leadership for teachers in an effort to maintain a balance between the developmental and the preacademic approaches to the education of young children. It is further recommended that the expertise of the Louisiana Early Education Program (LEEP) coordinators be used to provide ongoing guidance and technical assistance to the teaching staff statewide.

Rationale. During the 59 classroom visits, the evaluators observed handicapped children as they engaged in creative play, finger painting, story time, informal language sessions, and music-and-movement activities. Many of the teachers in the program for handicapped preschoolers reported that the children in their classes are developmentally delayed and need the opportunity to acquire skills that are age-appropriate, such as fine and gross motor movements, and expressive and receptive language. They also reported that the tasks that they use to address these needs are developmentally sequenced to meet the individual needs of each child. In contrast, the evaluators observed other preschool classes in which handicapped children were required to sit quietly in chairs for 30-minute periods, write their names with a pencil, color objects outlined on purple ditto sheets, etc. These teachers reported that their primary goal was to prepare the children for entry into the kindergarten program. They also related that they felt that if they were to accomplish this goal, it was necessary that the children be proficient in preacademic skills, even though the children may not be developmentally ready to perform the tasks.

This dichotomy of approaches (the developmental and the preacademic) to the training of handicapped children in the preschool program needs to be addressed at the state level. Policy decisions identifying the more appropriate approach or an acceptable balance between the two approaches should be formulated and the recommendation made known to teachers in the program.

Recommendation #4. The Louisiana State Department of Education should conduct a longitudinal study to more fully document the efficacy of the preschool program for handicapped children in terms of both the immediate and long-term effects.

Rationale. Kindergarten teachers tended to rate the graduates of the preschool program as average or above average in performance on seven major skill areas as compared with other children in their kindergarten classes. School administrators and parents perceived the gains made by the children as a primary benefit of the program. However, some special education supervisors expressed concern about the long-term effect of the program on their performance. The supervisors cited instances in which children who were mainstreamed into regular kindergarten classrooms were referred back to special education by the time they had reached second or third grade. A longitudinal study of children currently in the program is needed to track initial program participants through their subsequent educational programs. Such a longitudinal study could provide data on cost savings based on placement in the regular education program, as opposed to placement in the special education program. The extensive data base established during this study would greatly facilitate the implementation of this recommendation.

Recommendation #5. The Louisiana State Department of Education should use the findings of the study to elicit the cooperation of university personnel to develop preservice and inservice training programs that focus on providing teachers with the essential competencies cited by program personnel as crucial to their effective performance in the preschool program for handicapped children.

Rationale. Some of the teacher competencies cited by program personnel as being crucial to the success of the program were the development of communication skills to elicit the involvement of parents in their child's program; the development of assessment and teaching skills used with young, severely and profoundly handicapped children; and the development and application of additional teaching strategies used with the mild/moderate children in the program.

Teachers in center-based programs cited the following areas as those in which they needed training or experience:

- instructing children with various handicapping conditions in different types of school settings prior to the student teaching semester,
- administering and scoring diagnostic assessment instruments prior to instructional planning,
- interpreting diagnostic results,
- communicating the results of diagnostic evaluations and the implications of those results to parents,
- counseling techniques to assist them in working with children with terminal diseases, as well as in dealing with the death of children in their classes, and
- locating and working with community agencies that provide services needed by the child and parent because the teacher is often required to serve as a liaison between the parent, the school, and the community agency.

The data-collection activities of this study involved the gathering of pretest and posttest data on the performance of children in the program. Review of these instruments highlighted other competency areas for inclusion in a comprehensive teacher preparation program. The sharing of this information with university teacher educators could greatly enhance the effectiveness of the teacher training program and result in the production of more effective teachers for the preschool program for handicapped children.

Recommendation #6. The Louisiana State Department of Education, through its legal services division, should formulate and disseminate on a statewide basis a legal opinion related to the implications of the maintenance-of-health procedures and the liability of program personnel (teachers and aides) who may perform these procedures with or without medical training.

Rationale. In conducting this study, divergent views emerged in terms of the responsibility of program personnel for performing maintenance-of-health procedures. Administrators, teachers, aides, and nurses expressed concern about the requests from parents to perform these procedures, but definitive answers as to who was legally responsible for performing these procedures were not available. A legal opinion addressing this issue is critically needed to serve as the basis upon which specific guidelines can be developed for program personnel. If responsibility for providing these services is subsequently placed upon program personnel, then information and training should be sought from representatives of the medical profession to ensure that maintenance-of-health needs of the children are being met in accordance with sound medical practices, and to ensure that the effects of what teachers report as a major stress factor in their work are minimized.

Recommendation #7. The Louisiana State Department of Education should review the costs and instructional effectiveness of the extend-year program and specifically, the documentation of regression-recoupment procedures followed in determining a child's eligibility for extended-year services. Based on these results, the program should be modified to provide optimum learning experiences for each individual child.

Rationale. The question of who is to receive extended-year services and how the services are to be provided indicated that, although guidelines exist for making such determinations, adherence to these guidelines is not always feasible. The results of the study indicate that administrators often authorize the receipt of extended-year services on the basis of parental requests regardless of the criteria specified in the program guidelines.

The real value of 30 hours of instruction in the extended-year program was often questioned by program administrators. These administrators also cited the difficulties of securing trained and experienced teachers for the summer program because many of the teachers in the program for handicapped preschoolers do not wish to teach in both regular and summer sessions as it leaves them with a feeling of burnout at the start of the new school year. Additionally, the administrators indicated that they were always rushed when setting up the summer program as assurances of funding are not received until late in the spring. After the program is in place, many parents are disgruntled because their children are not eligible for the program while other parents pull their children out for family vacations. Administrators and teachers reported that absenteeism is a major problem in the extended-year program.

Current research literature on providing extended-year services has revealed that the most efficacious time for the receipt of such services is immediately prior to the beginning of the next school year, and not at the close of the former one. These findings, coupled with the results of this study, provide the framework for extensive planning and modification of extended-year programs. Some consideration should also be given to training parents to work with their own children during the summer.

Recommendation #8. Child search activities need to be developed to educate the public about the range of services available to handicapped children and their parents. The child search advertisements should describe the behavior of children with developmental delays as opposed to that of "normal" children so that parents (and guardians or other adults in the family) will be aware of the signs to look for if they suspect that their child might be handicapped.

Rationale. Believing that most handicapped children in their areas are being identified at an early age, child search coordinators tend to be complacent about current child search activities. In fact, "word of mouth" was generally cited as the primary vehicle for informing the public about the preschool program for handicapped children. However, kindergarten teachers interviewed in the study repeatedly stated that other children in their classes could have benefited had they been given the opportunity to participate in the preschool program. Administrators indicated that some handicapped children are still being enrolled in school for the first time at kindergarten and first grade--an indication that the children may not have been identified at an earlier age. Likewise, many of the parents interviewed during the study reported that they had spent a great amount of money and time in their attempts to locate services for their handicapped child prior to learning about the school program. Other reported that most child search messages did not seem to apply to their children.

Recommendation #9. Eligibility guidelines in Louisiana Bulletin 1508 should be reviewed for the purpose of modifying the requirement for related therapy services from a one-year delay to a more realistic delay, perhaps a six-month delay.

Rationale. Physical therapists, occupational therapists, and speech therapists maintain that it is difficult to document a one-year developmental delay in children who have mild/moderate handicapping conditions. As a result, these children sometimes do not get services that could enable them to enter the regular kindergarten program with their peers. Instead, do to the more obvious nature of their handicapping condition, much of the therapy effort is focused on the more severely handicapped youngsters who are seldom capable of demonstrating substantial gains and are generally not candidates for the regular kindergarten classes. When the therapists are forced to prioritize on the basis of who could benefit maximally from the services, those who would do so are frequently the ones who must, in fact, do without it.

Recommendation #10. A transdisciplinary model should be employed in the preschool classroom using the teacher, speech therapist, and other related and support services personnel in a team teaching situation to provide a comprehensive developmental program for the children enrolled.

Rationale. Several professional ancillary staff persons (speech, occupational, and physical therapists, adapted physical education teachers, and nurses) were observed as they worked with preschoolers in a variety of settings. In most cases, there was little or no communication among these different service providers, or between them and the teacher. On the other hand, in some instances professional ancillary staff were observed not only communicating with the teacher, but also working with children and the teacher in the classroom setting. Such pooling of efforts enabled them to make maximum use of each other's expertise and to enhance learning at a faster pace.

Recommendation #11. The local school system should provide a comprehensive orientation for regular school faculty, staff, and students prior to the initiation of a program for handicapped preschoolers on a school campus in an effort to promote an understanding of the goals of the program, to allay any concerns related to the program or the children, and to promote the integration of the preschool staff and students with the regular staff and students.

Rationale. Administrators in some of the middle and high schools where preschool classes were housed recalled that the older students and their teachers were displeased with the placement of the preschool class on their campuses. They reported that teachers complained that the crying of the young children disturbed them, and some stated that they feared for the safety of the "little children." In several cases, the administrators indicated that the preschoolers also rode on the same bus with the regular students, and this added to the concerns of the regular faculty. With the passage of time though, the administrators said that the faculty and students have become accustomed to having the "little children" around and the students are often seen in the halls walking with the preschoolers and helping them, if necessary. Teachers working in the preschool program for the handicapped often report a sense of isolation from everyone else on campus, even in a K-3 or elementary setting; often this feeling is a major contributor to burnout.

Recommendation #12. Federal guidelines that require a 10 percent handicapped population in programs such as Headstart need to be revised in view of the prevailing national trend and the Louisiana mandate to provide public school services to the handicapped population between the ages of 3 and 5 years.

Rationale. During the conduct of the study, handicapped children between the ages of 3 and 5 were observed receiving services from both the school system and the Headstart program. The handicapped children in these settings have an opportunity to be mainstreamed, as well as to receive specialized instruction within the mainstream setting. While Headstart teachers may not be trained special educators, they reported having access to special educators in order to coordinate instruction and discuss concerns about the learning needs of the handicapped children. Though in some cases these programs may duplicate services, it was observed that they more often complement one another. However, the guidelines requiring a 10 percent handicapped population in these programs may now be obsolete if the population is already being served in the public school program.

Chapter 2

History of the Program and Background for the Study

Legislative Mandates

Early education programs for handicapped children. Review of the legislation providing the impetus for this study indicates sources at both the federal and state levels. In 1969 the federal Handicapped Children's Early Education Program was passed with an initial appropriation of $1 million to support 24 projects. Today, what is now termed the First Chance Network includes at least one project in each state, Puerto Rico, and the trust territories. In 1975 the passage of the Education of All Exceptional Children Act (P.L. 94-142) provided a free, appropriate public education with related services to all handicapped children between the ages of 3 and 21 years.

The Louisiana State Legislature enacted Act 754 (Education of All Exceptional Children Act) in 1977--a parallel of federal P.L. 94-142. Act 754 mandated services to identified handicapped children 3 to 5 years of age and permitted services to children from birth to 2 years who have serious handicapping conditions, which, if untreated, could become greatly compounded by the time children reach school age. The Louisiana State Department of Education has received State Implementation Grant funding through P.L. 94-142 and now P.L. 98-199 annually since 1978. A draft copy of the five-year plan for the preschool handicapped program (dated

1979-80) indicates that five model programs existed in Lincoln, Madison, Washington, Orleans, and Lafayette Parishes. By the 1985-86 school year, the program had expanded to provide a formal preschool program for more than 5,000 children. This included 65 public school parish and city systems, as well as several residential programs and specialized day programs across the state. Figure 2.1 graphically illustrates this program growth.

Evaluation initiative. On June 24, 1983, the Secretary of Education published in the Federal Register final regulations implementing Executive Order 12372, entitled "Intergovernmental Review of Federal Programs." The regulations took effect September 30, 1983. On December 2, 1983, the Education of the Handicapped Act Amendments, P.L. 98-199, was enacted authorizing the Secretary to enter into cooperative agreements with state educational agencies to assess the impact and effectiveness of programs assisted under the Education of the Handicapped Act. The applications for assistance were sent to the states in May of 1984.

In June of 1984 the Bureau of Evaluation, Louisiana State Department of Education (SDE), submitted a proposal following the guidelines outlined in the "Application for Assistance under the State Educational Agency/Federal Evaluation Studies Program," CFDA Number: 84.159. The proposal, titled "Statewide Evaluation of the

PRESCHOOL HANDICAPPED EVALUATION:
RELATIVE PROGRAM SIZE (1984-85)

Size ■ L ■ M ■ S □ X

L= 16-36 M=5-15 S=LE 4 X=0 MONROE CITY=M BOGALUSA CITY=S

PREPARED BY ANDERSON & BOWER

Figure 2.1.

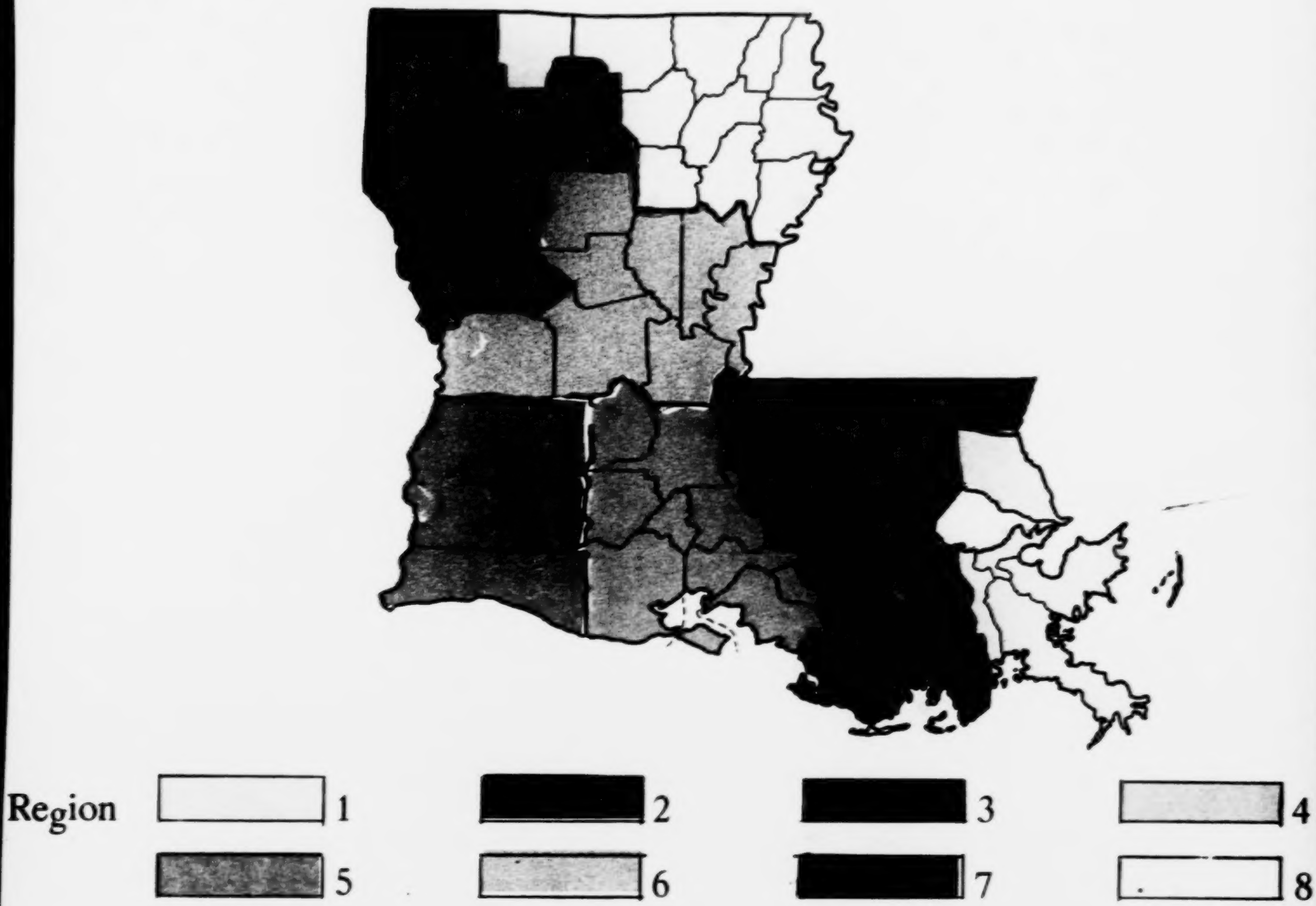
Early Education Program for Handicapped Children in Louisiana," represented a joint effort by the Bureau of Evaluation in the Louisiana SDE Office of Research and Development and the Louisiana SDE Office for Special Educational Services. Following a competitive review, the proposal was funded by the U.S. Department of Education which entered into a cooperative agreement with the SDE to conduct the evaluation. The study, which began January 1, 1985, and ended June 30, 1986, represents a joint effort between a state agency and the USDE in a realm of evaluation that has in the past been contracted privately.

Louisiana's Early Education Program

Though preschool programs for handicapped children have been in existence in Louisiana since 1977-78, much remains to be done to realize the full intended effects of both federal and state laws. The primary goals of the State's Preschool Incentive Grant of 1984 were to identify all handicapped children, ages 3 through 5 years, in Louisiana and to establish a regional network of eight Louisiana Early Education Program (LEEP) Coordinators, who provide a direct link between the SDE and the local school programs. The eight geographic regions served by the LEEP Coordinators appear in Figure 2.2.

Programs for preschool handicapped children in Louisiana fall into one of three settings: 1) center-based with instruction provided at a school or center, 2) home-based with instruction

THE LEEP NETWORK:
EIGHT SERVICE REGIONS


Region
1
2
3
4
5
6
7
8

PREPARED BY ANDERSON & BOWER

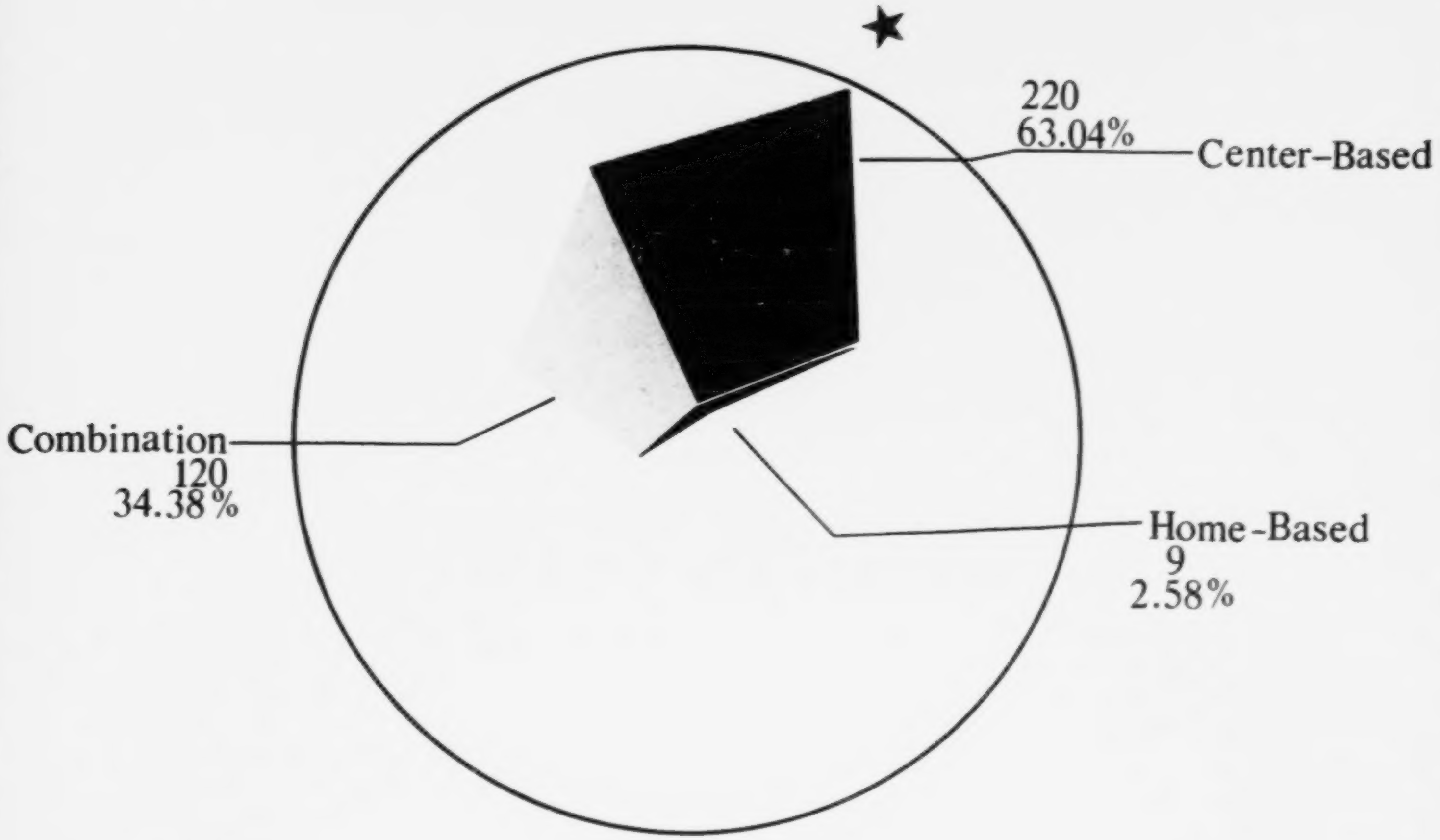
Figure 2.2.

provided in the child's home, and 3) combination center/homebased with instruction provided at a center for some children and in the home for other children within the same school system. (Figure 2.3 shows the distribution of programs across the state by program format.) In addition to being served in these settings, some children are served in residential facilities or in special school facilities, many of which are not under the jurisdiction of the parish school program or the SDE.

Center-based programs are generally housed at a public school or center. Children are transported to and from the center by regular school buses, special education buses, or private automobiles. The length of the school day is five and one-half hours. One teacher and one paraprofessional are provided for the initial six children in the class, and additional paraprofessionals are allotted for additional groups of three children. Adaptive physical education, physical and occupational therapy, and speech therapy are offered in many center-based programs.

Home-based programs are provided at the child's home by a teacher on a regularly scheduled basis. A family member is required to be present during the child's instruction. Related and support services are also available if deemed appropriate on the child's individual education plan (IEP). To receive these related or support services, the child must generally be taken to

LEEP PROGRAM FORMATS



1984-85 LEEP DATA

PARPARED BY ANDERSON & BOWER

Figure 2.3.

a neighborhood school or center.

Combination center/home-based programs use both kinds of settings in providing services to the children within the same school system. Some children who, for a variety of reasons, may not be able to be transported to an existing center may receive their instruction in the home. According to Louisiana Bulletin 1508, preschool handicapped children in Louisiana may receive services in one of the 65 public school programs if they are 3 through 5 years of age years and are not enrolled in a state approved kindergarten. Children are identified and classified as speech impaired or as categorically or noncategorically handicapped. Categorically handicapped students are defined as those who have sensory deficits, severe physical impairments, are suspected of being autistic, or are severe language disordered, or gifted or talented. Noncategorically handicapped students are identified as having a handicapping condition which is described according to functional and/or developmental levels as mild/moderate or severe/profound. Children who exhibit a speech impairment and are eligible for services are classified as noncategorically handicapped.

Purpose of Evaluation

Substantial gains from early intervention programs have been documented for children having a variety of handicapping conditions at all levels of involvement--mild, moderate, and

Most studies examine selected populations of children in demonstration projects or model programs. For example, Hayden and Haring's (1976) study, Bricker and Bricker's (1976) study, and Hanson and Schwartz's (1978) study (cited in McNulty, Smith, & Soper, 1982) support early intervention for children with Down Syndrome; Simmons-Martin's (1981) and Clark's (1981) studies (cited in McNulty, et al.) showed gains by children with hearing impairments; Rosen-Morris and Sitkein's (1981) and Bricker and Sheehan's (1981) studies (cited in McNulty, et al.) demonstrated significant educational gains by severely/profoundly handicapped children. Several longitudinal studies (cited in McNulty, et al.) have focused also on the effectiveness of specific, sometimes experimental, instructional programs used with low income, disadvantaged populations (New York State Department of Education, 1982; Schweinhart & Weikart, 1981; Weiss, 1981).

Conducting an evaluation that encompasses more than just child-outcome measures requires the collection of appropriate descriptive information about the program from all persons involved in it--program personnel, service providers, and program recipients. This information can then be used in describing the program and determining its effectiveness and efficiency. The present evaluation is a study of 65 separate school programs consisting of from one class to as many as 44 classes (Relative program size is shown in Figures 2.4, 2.5, and 2.6), with the

THE LEEP NETWORK:

SMALL PROGRAMS ACROSS THE STATE

1 - 4 CLASSES REPORTED IN 1984-85

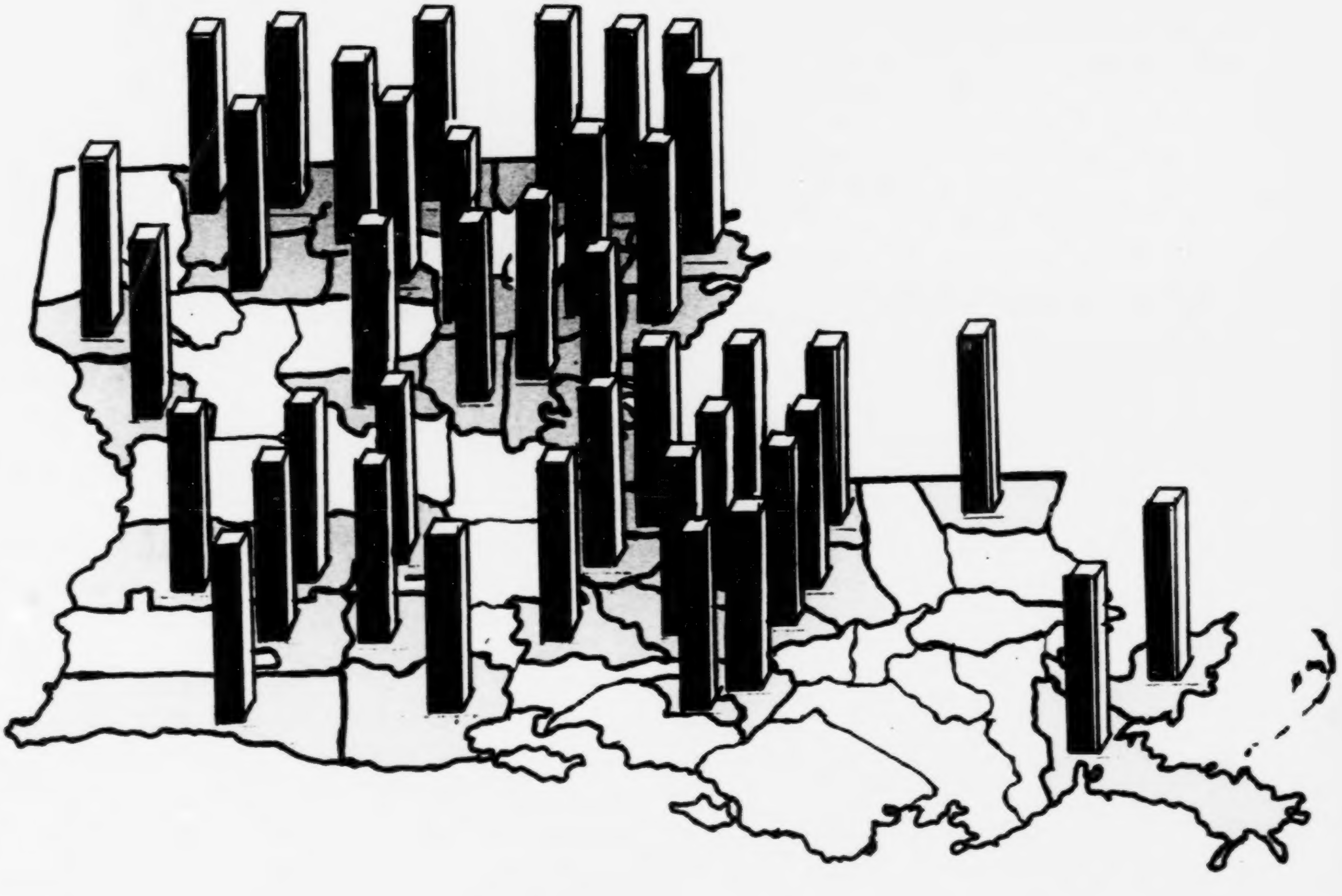


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Figure 2.4.

THE LEEP NETWORK:

MEDIUM PROGRAMS ACROSS THE STATE

5 - 15 CLASSES REPORTED IN 1984-85

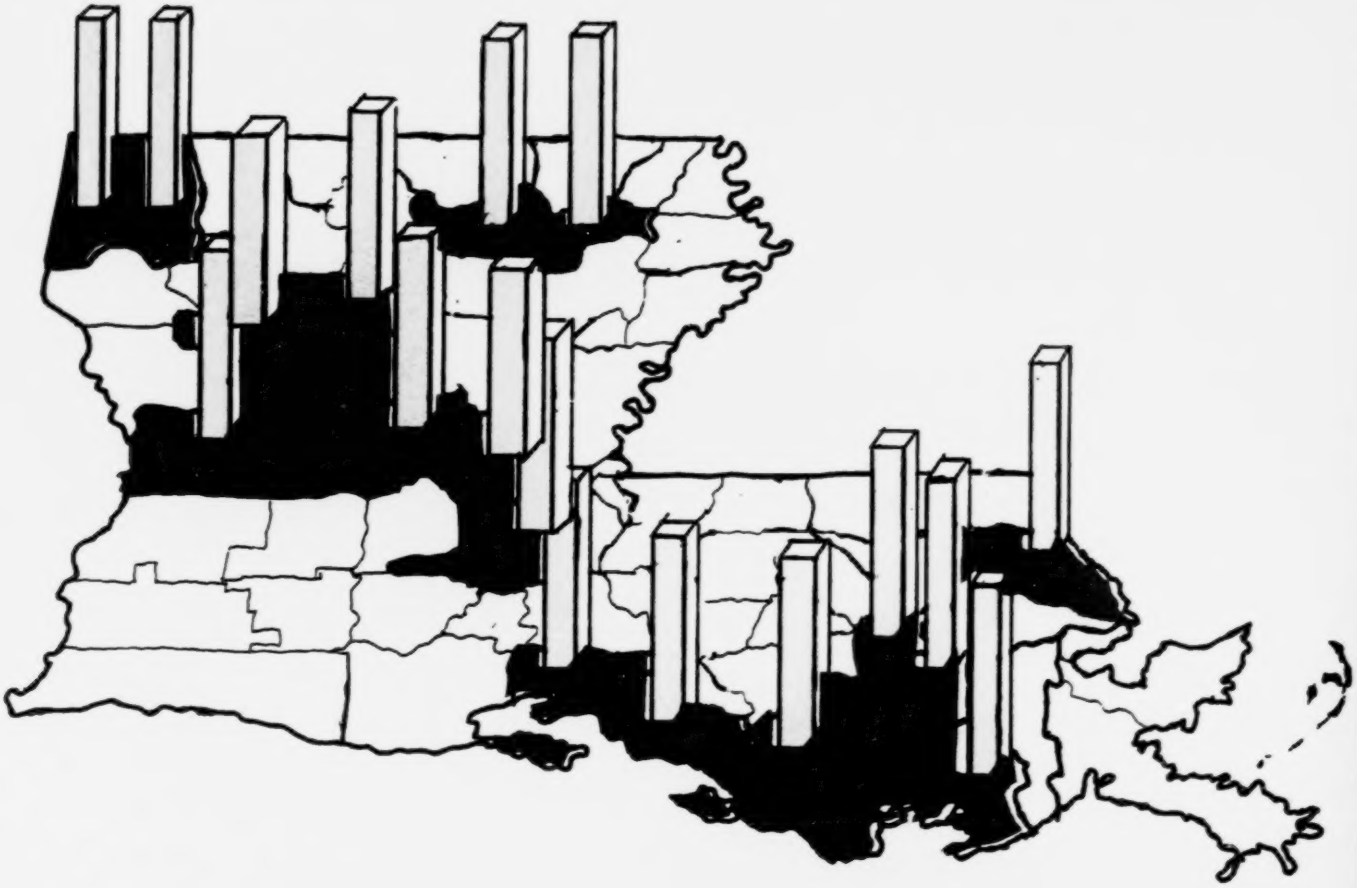

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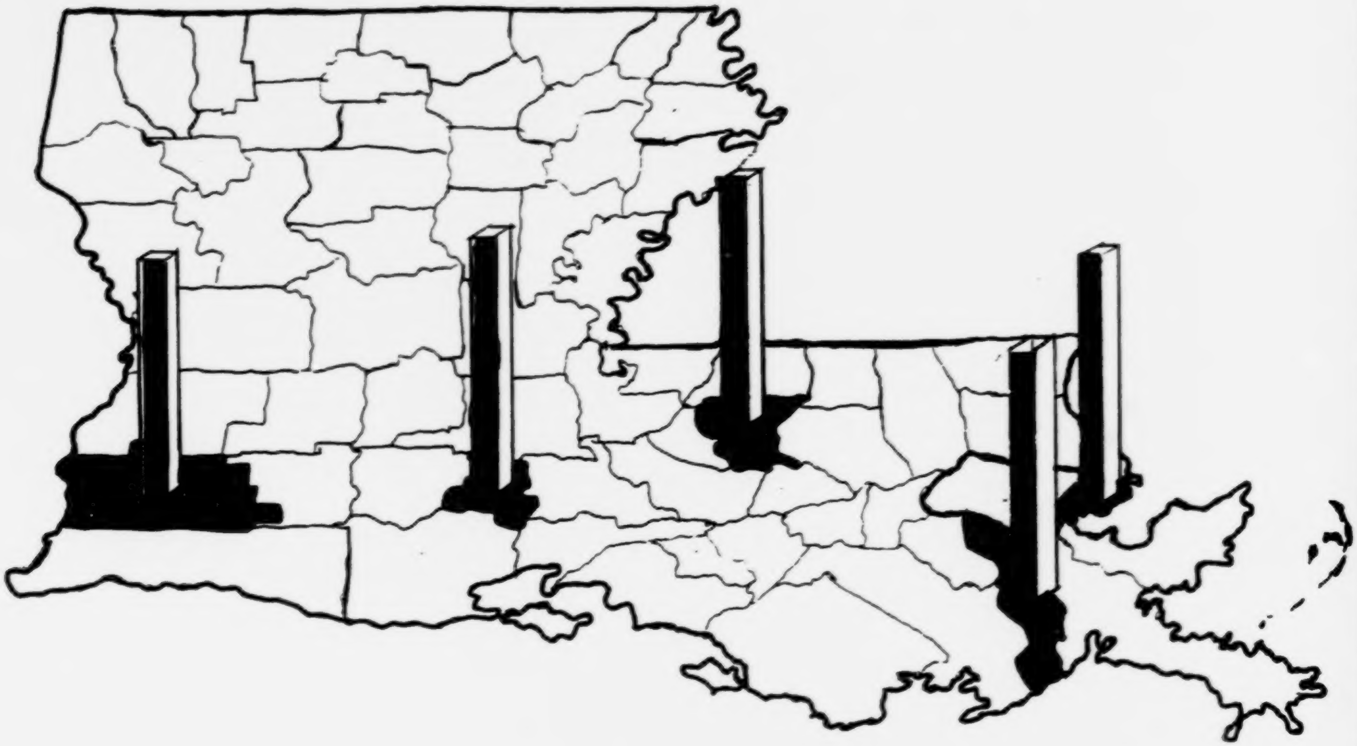
Figure 2.5.

THE LEEP NETWORK:

LARGE PROGRAMS ACROSS THE STATE

16 - 34 CLASSES REPORTED IN 1984-85



PREPARED BY ANDERSON & BOWER

Figure 2.6.

total number of participating preschool handicapped children in excess of 5,000. The program includes more than 400 teachers, at least the same number of teacher aides, numerous professional ancillary staff, more than 65 program administrators and, oftentimes, teams of pupil appraisal persons. Service providers include the agencies and organizations providing assessment or instructional service to this handicapped preschool population and their parents. In addition to the aforementioned programs, there are 24 approved Special State Schools, some of which are residential, that are not under the jurisdiction of the local school system, but provide service to handicapped children and their parents.

The evaluation process can itself have important unanticipated impacts impacts through the identification and involvement of program providers and recipients at all levels. Questioning program providers and participants can lead to their realization that they are contributing to the study. Recognition of this partnership can, in turn, lead to discussion and disclosure of information that is sometimes 'equally' useful to the informant and to the evaluator. It is the hope of the evaluators and of the SDE preschool handicapped program professionals that by the end of the study, these basic evaluation processes will have become less alien to--if not adopted by--the thousands involved in preschool handicapped education in

Louisiana.

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Pupil Appraisal Handbook (Bulletin 1508). (1983). Baton Rouge: Louisiana State Department of Education.

Chapter 3

Relevant Literature

A review of the literature relevant to this study provided the evaluators with a panorama of research and evaluation studies in early education for handicapped children. Information in the literature about the methodologies currently being used to conduct evaluations guided project staff in the development of the design, in the selection of research methodologies, and in the formulation of data-collection activities.

The purposes of this chapter are (1) to discuss current research literature in early education programs for handicapped children, and (2) to review the literature upon which the design and research methodologies used in the study are based. This review is not exhaustive, but it is representative. It provides a forum for discussing the complexities involved in developing and implementing an evaluation grounded in strong research methodology when the evaluand is a large, multifaceted educational program with boundaries that are not always well-defined. The early education program in Louisiana consists of more than 400 classes in 65 formal programs that provide services to more than 5,000 handicapped children who are 3 to 5 years of age.

Early Education Programs for Handicapped Children

Impetus for establishing early education programs for handicapped children first came at the federal level when Congress passed legislation establishing the Handicapped Children's Early Education Program (HCEEP) in 1969. The initial appropriation supported 24 demonstration/model projects. The final report of the program, entitled Analysis of the Impact of the Handicapped Children's Early Education Program (1982), identified 280 demonstration projects and stated that replication programs have continued to flourish both with and without federal funding. At present, this program supports the development, dissemination, and research of educational practices for preschool handicapped children through demonstration projects, outreach projects, research and technical assistance, and state plan grants. Much of the research in early childhood education for the handicapped emanates from these demonstration projects.

For the purposes of this review, discussion of early education programs for handicapped children is centered around four general topics that form the basis for many of these programs: (1) parent training programs, (2) curriculum and instructional materials, (3) guidelines and recommendations for program implementation and replication, and (4) efficacy studies of early intervention programs.

Parent training programs. Training parents to assume an active role as the primary educator of their handicapped child was reported to be the goal of several projects located in rural states (Sexton, Walker, Wheeler & Lyon, 1980; Thelen, et al., 1979). Other projects that provided service on a regional basis reported the development of booklets or manuals for training parents as volunteers in the classroom or nursery school (Toole, Boehm & Eagen, 1980) and for providing parents with suggested activities for use in the home setting (Jones, 1981; Toole, et al., 1980). Holsworth and Currie (1982) reported a study that paired televised home instruction and traditional print media. They concluded that the combination of the two methods was more effective in the facilitation of parental training strategies with their handicapped preschoolers than either method alone.

The Portage Project (Shearer and Shearer, 1976), another program characterized by high levels of parental involvement, resulted in the development of the Portage Guide to Early Education (Bluma, Shearer, Frohman & Hilliard, 1976), a guide used to teach parents the behaviors, reinforcements, and skills in observing and charting that are needed in the instruction of handicapped children. Vandivere and Bailey (1981) reported the development of a booklet for administrators to use in developing procedures for working with parents of young handicapped children. The booklet included identification of parent needs and analysis of parent reaction to program services. According to Lerner, Mardell-Czudnowski, and Goldenberg (1981), "other outstanding materials for parents of preschoolers with special needs have been developed by the Saturday School in Ferguson, Missouri" (p. 237).

Curriculum and instructional materials. Planning guides and curriculum models are reported by Sanford, Williams, James and Overton

(1974) as part of the Chapel Hill Training-Outreach Project in North Carolina. Similar guides and models are also reported by Petisi and Toole (1980) in a report of the regional demonstration program for preschool handicapped children in New York, and by Shick and Stitch (1974), the editors of a program guide used for preschool handicapped children in Pennsylvania.

The development of instructional strategies and materials was identified as an objective of the PEECH (Precise Early Education for Children with Handicaps) Project (Karnes & Associates, 1979) and also the Preschool INREAL (INclass REactive Language) program--an intervention for language-handicapped children (Weiss, 1981). The 1983 evaluation report, entitled _Education of the Handicapped Act, Part B Flow-through Entitlements' Project Speak_ (New York Board of Education), includes recommendations that the instructional techniques designed to stimulate language development be replicated in other programs for preschool handicapped children. The Perry Preschool Project (Weikert, 1972) lists selected teaching activities whose purpose is the development of cognitive skills. Bagnato, Laub, and Kurtz (1978) report the development of the COMP-Ident Assessment Format, a manual that describes the linkage between assessment and programming for preschool handicapped children in rural areas.

Guidelines and recommendations for program implementation and replication. The final program performance report of _A Model Demonstration Service Continuum for Preschool Handicapped Children,_ prepared by Schennum (1980), details the achievements and "slippages" of a model demonstration center in Providence, Rhode Island, that served 46 preschool handicapped children. Some achievements noted in this report are the provision of direct services to children and their families, in-service staff development, dissemination and evaluation, and increased coordination between community agencies.

The Texas Education Agency has published Program Guidelines and Recommendations: Early Childhood Education for the Handicapped (1982) to assist school districts in planning and implementing effective education programs for this population. The New York State Education Department has published Special Education for Handicapped Children Birth to Five (1982), a manual that describes available programs and resources for preschool handicapped children and their families. Musumeci and Koen (1982) have reported a Program Monitor Manual: A Guidebook for Program Adoptors that provides a set of guidelines for documenting and assessing the degree to which the classroom component of a validated regional program is being replicated at other adoption sites.

Efficacy studies of early intervention programs. Efficacy studies of early intervention programs tend to highlight child-outcome measures as the criteria for determination of program effectiveness. Several longitudinal studies cited in this review point to the cost savings and cost benefits of early intervention programs. This review focuses on the use of different program elements and the combination of these elements as important factors in determining efficacy.

Gains in IQ are the most frequently cited child-change outcomes used to gauge the efficacy of early intervention programs. In a meta-analysis of the efficacy of early intervention, Casto and Mastropieri (1986) included 74 studies conducted from 1937 to 1984 and found that IQ was the outcome most frequently measured to determine child change. Meisels (1985) stated that "IQ alone is a very poor measure of change resulting from early intervention" and suggested the use of "a multi-factorial set of outcomes that samples a wide range of variables" (p.7). In a similar vein, Casto and Mastropieri recommended future studies use broader-based outcome measures.

To determine the long-term effects of early intervention, the Perry Preschool Project (Schweinhart & Weikart, 1980) tracked 123 low income black children until the age of 19 years. Multiple measurement strategies were used to measure program effects. Results of this longitudinal study indicate that there are:

> ...lasting beneficial effects of preschool education in improving scholastic placement and achievement during the school years; in decreasing delinquency and crime, the use of welfare assistance, and the incidence of teenage pregnancy; and in increasing the rates of high school graduation, enrollment in postsecondary programs, and employment (Schweinhart, Berrueta-Clement, Barnett, Epstein, Weikart, 1985, p. 26).

An evaluation of the Early Intervention Program, a three-year demonstration project at the University of Oregon, is reported by Bailey and Bricker (1985). The primary objective of this evaluation, according to the authors, was the documentation of child change, but it also included the collection of data related to population characteristics, the use of data related to parental involvement and satisfaction, and program operation costs. Population characteristics were reported to include descriptive data on the child and his family. Parental involvement and satisfaction were based on the results of the "consumer satisfaction questionnaire" developed by the project staff to measure the overall quality of services provided by the program. Program costs were established as per-child costs in both the center-based and the home-based programs.

"Past evaluation studies have treated early interventions as singular entities and have disregarded the complex array of dynamic variables that determine program outcomes on a day-to-day and even moment-by-moment basis" (Carta & Greenwood, 1985, p. 91). This eco-behavioral approach, proposed by Carta and Greenwood, is defined as "a means of assessing program variables through systematic observation and measuring the moment-to-moment effects of an array of variables upon student behavior" (p. 92). They further contend that the eco-behavioral theoretical approach will enable evaluators to examine the independent and the dependent variables and to determine their effect on children's performance.

Numerous studies have focused on the costs of early childhood education for the handicapped. Kakalik, Furry, Thomas, and Carney (1981) determined the cost of special education and related services to be 2.17 times the cost of regular education. In another cost study at the Center on Human Development in Oregon, Bailey and Bricker found that the center-based program was 2.49 times more costly than the home-based program .

Based upon these figures, early childhood programs for the handicapped appear to be cost effective if they result in a reduction in the number of children who require costly special services. Wood (1981) reviewed cost-effectiveness data from individual studies and calculated the costs involved in providing special education intervention at various entry ages. Wood's calculations indicated that early special education can result in a total cost savings of over $16,000 per handicapped student throughout their years in school. Cost-benefit analysis of the Perry Preschool Program revealed that the "economic benefits obtained by the end of high school were sufficient to justify public investment in one year of preschool education for children at risk of school failure" (Schweinhart et al., p. 32). Braddock (1976) concluded that the contributions in personal income taxes by persons in nonsevere disability categories were more than the total costs of specialized educational programs. Weiss (1981) calculated the per-pupil costs for the INREAL Project in Colorado and found that over a three-year period there was a $1,183.76 per-pupil cost savings as well as a reduction in the need for future special education services. A cost-effectiveness study in Colorado (McNulty, Smith & Soper, 1983) examined the placement of 1,347 children subsequent to their participation in preschool programs for the handicapped. One-third of the children began public school in the regular program, and another 37.1 percent entered the regular program with only support services.

Summary. Federal funding provided the impetus for the development and growth of early childhood programs for the handicapped. Demonstration models initiated with federal funds have been replicated across the country. These model projects have set the stage for the development of early childhood curricula, appropriate assessment and treatment programs, and instructional materials. Models for training parents to be primary educators or assistants in conjunction with a teacher also evolved as a result of some of these demonstration projects.

Research Design and Methodology

From the inception of this evaluation, the design has remained flexible in order to provide opportunities for exploration, identification and understanding of the multiple issues and perspectives, and to allow for the inclusion of new information needs throughout the course of the evaluation. Naturalistic inquiry, case study methods, and the development and integration of quantitative and qualitative data bases were selected as appropriate research strategies because of their appropriateness in facilitating the evaluation of a complex preschool program. According to Smith (1986), the multimethod design "diversifies bias" and strives for "maximally divergent" assessment of program effects (p.42). Through the use of this design the evaluators were able to observe and study the basic program operation, as well as the personal interactions and relationships embedded in the program.

In the following discussion, naturalistic inquiry, case study methodology, and integration of qualitative and quantitative techniques are described, and the rationale for the use of each of these methods in the conducting of this evaluation is explained.

Naturalistic inquiry. According to Geertz and Wolcott (cited in Williams, 1986), If the evaluation consumers want qualitative portrayals, leading ideally to a vicarious experience of the evaluand as it functions naturally, then a naturalistic evaluation is essential. No other method could devote the time and intensity required to gather and report such rich detail (p. 86). Naturalistic inquiry permits investigators to immerse themselves in the field for a number of brief, intense periods in order to observe phenomena as they occur hopefully without interfering with the natural order; to collect a magnitude of qualitative data that describe concerns and perspectives of the participants; and also to locate within the natural order those persons who are rich sources of information (Patton, 1980).

Naturalistic inquiry is defined by Willems and Rausch (1969) as "the investigation of phenomena within and in relation to their naturally occurring context" (p. 3). The term naturalistic inquiry (Lincoln & Guba, 1985) is considered a generic term for many kinds of qualitative appraisals. Eisner (1977) named it "educational connoisseurship and criticism"; Patton used the term "qualitative evaluation methods"; and Fetterman (1984) called it "ethnographic educational evaluation." Williams (1986), in his Editor's Notes, cites a variety of labels--"qualitative research, ethnography, participant observation, and field work" (p.1). Hebert (1986), on the other hand, defines naturalistic evaluation as a "process by which evaluators seek to know and understand an evaluand, then to present their knowledge and understanding to others" (p. 3).

Evaluators are cautioned by Williams "to be on site regularly over time so they can become quasi-participants and gain insiders' perspectives as they are naturally manifested" (p. 89). "The naturalistic observer plays a relatively passive role, observing naturally occurring events" (Lewin, 1979, p. 282). "Naturalistic evaluations minimize data-gathering activities that interrupt the natural state of the evaluand by employing evaluators as participant observers who gather evaluation information informally over time while the evaluand is in natural operation" (Williams, p. 88). Patton (1980) cites the ability of the observer to become a part of the situation and to understand personally what is happening as the "strength of naturalistic inquiry" (p. 189).

Biklen and Bogdan (1986) suggest that naturalistic methods be used in two ways--first, as "techniques in a study that has not been framed from a naturalistic perspective" and second, to approach "reality as a multilayered, interactive, shared social experience that can be studied by first learning what participants consider important" (p. 95). The use of qualitative methods are an attempt by the evaluator "to understand the setting under study through direct personal contact and experience with the program" (Patton, p. 43). He further states that this understanding may take the form of "total immersion" in the program experience.

In naturalistic evaluation, the demand for rigorous criteria that meet traditional standards of inquiry have led Lincoln and Guba (1986) to suggest two sets of criteria--the criteria of trustworthiness and the criteria of authenticity. Some techniques which they deem appropriate to increase the probability that these criteria can be met include persistent observation, thick descriptive data, prolonged engagement in the field, triangulation of data, peer debriefing, a balanced view, and the provision of "various constituencies and stakeholding audiences with the opportunity to be 'educated' in the variety of perspectives and value systems that exist in a given context" (p. 82). The evaluators adhered to these guidelines to establish and maintain the credibility and integrity of this evaluation.

The case study method. Writers of evaluation texts agree that case study data consist of all the information that one can gather. "At the program level case data can include program documents, program reports, interviews with program participants and staff, observations of the program, and program histories" (Patton, p. 303)--a task that can be awesome and time consuming. Yin (1984) suggests that the task be approached in the following manner. Before entering the field, the evaluator should formulate a plan of entry, develop protocols and instruments to collect the data, and decide on the unit of analysis as well as the method for analyzing the data. This procedure provides the evaluator with the flexibility to proceed inductively without an hypothesis or proposition. In some cases, it allows the evaluator to return to the design, modifying it in response to new information needs identified as the study progresses, or the evaluation improves. Yin further suggests the establishment of a chain of evidence to connect the original study questions with the protocols, with data collection, with data analysis, and ultimately with the report.

The case study can be systematic by defining, in advance, the unit of analysis and the primary and secondary sources of information. The objectivity of the case study can be acheived through the independence of the persons conducting the study, through the integration of data, and through the extent to which the focus and methodology are made known to the participants. Use of an independent reviewer also increases the objectivity of the case study method (Fehrenbacher, Owens & Haenn, 1976).

Case studies are used for explanation, description, and exploration and usually focus on contemporary events (Yin). "The purpose is to gather comprehensive, systematic, and in-depth information" (Patton, p. 303). "The goal...is to describe in detail the pattern and interrelation of the variables which are active in a particular concrete instance" (Lewin, p. 286). The case study method uses multiple evaluation strategies and can capture the individuality of the program, as well as estimate its effectiveness based on the experiences and perceptions of the personnel involved in the program according to Fehrenbacher, Owens & Haenn (1976). The multi-site, targeted case study is emerging as a popular design, especially in large-scale, federal projects (Firestone & Herriott, 1984; Smith & Robbins, 1984).

Integration of qualitative and quantitative data bases. According to Smith (1986, p. 37), "In evaluation the whole is greater than the sum of the parts when qualitative and quantitative approaches and methods are combined." Quantitative data can assist the evaluator in prioritizing identified issues and concerns through qualitative data collection activities. More and more evaluators have combined "naturalistic components (such as participant observations and repeated informal interviews) with more traditional tests, questionnaires, and structured interviews to create mixed-method studies" (Williams, Editor's Notes, p. 2).

"Qualitative research designs require that the evaluator get close to the people and situations studied in order to understand the minutiae of program life" (Patton, 1980, p.43). Quantitative methods permit the evaluators to extend data collection to all program participants and thus to widen the scope of the evaluation. Sieber (1973) has noted that surveys can augment the findings of qualitative research.

The combination of methodologies, and in the case of evaluative research, using both qualitative and quantitative strategies to study the same program is defined as triangulation by Patton. He cites Denzin's (1978, p. 28) explanation of the logic of triangulation based on the premise that:

> ...no single method ever adequately solves the problem of rival causal factors....Because each method reveals different aspects of empirical reality, multiple methods of observations must be employed. This is termed triangulation. I now offer as a final methodological rule the principle that multiple methods should be used in every investigation (cited in Patton, p. 109).

Summary. The naturalistic inquiry formed the background of the study by drawing a scenario of the program and identifying data sources. Case study methods, the basis for waves one and two, were used to develop and refine the data-collecting instruments. Wave three included field observations and interviews as well as questionnaires/surveys. Each time the evaluators immersed themselves in the field, they gathered additional information from more programs, thus expanding the comprehensiveness of the evaluation. This movement back and forth between the discovery mode and the verification mode is described by Guba (1978) as a kind of "wave". Patton (1980) states "The ebb and flow of research involves moving in and out of periods when the investigator is open to new inputs in data and periods when the investigator is testing out hunches, ideas, and explanations" (p. 185).

During the preparation and development of the design of this evaluation, it was very important that the evaluators be fully cognizant of the complexities and the fluidity of the evaluand. Early in the study it was determined that a variety of sound research methodologies was needed to accomplish the stated goals of the study. Review of the literature related to naturalistic inquiry, case study methods, and the integration of qualitative and quantitative data bases indicated to the evaluators that these methodological approaches would lend themselves to the complex structure and fluid nature of the evaluand.

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Chapter 4

Design and Methodology

Theoretical Framework

Although the qualitative and quantitative research paradigms are inherently contradictory in their philosophical assumptions, methods, and purposes (Smith & Heshusius, 1986; Thompson, 1986), both paradigms can be usefully employed in a given evaluation study (Bower, Anderson, & Thompson, 1986). Rist (1975) and McCutcheon (1981) have noted the shortcomings of quantitative research methods when used in isolation. Others (Bower et al., 1986, p. 30) have noted that "the use of evaluation designs in the quantitative tradition may preclude consciousness of unanticipated relationships or program effects."

Disillusionment with the "nonuse" of evaluation results, many of which may be quantitatively based, has been one reason (Fetterman, 1982, p. 19) for increased interest in qualitative methods. While the contrary nature of the two paradigms has been noted, some authors (e.g., Rist, 1977) have suggested that the two have begun to realize a rapprochement. Others (e.g., Miles & Huberman, 1984, p. 20) have even argued that "few working researchers are *not* blending the two perspectives."

Bower, et al. (1986, p. 31), in their discussion of the integration of the qualitative and quantitative paradigms, have asserted:

> When a qualitative study is conducted initially, the external validity of the quantitative study is enhanced. Evaluators can be more confident that the correct questions are being posed. And the process may also facilitate greater use of evaluation results.

The present study is characterized by a "self-informing" design that is based on the use of qualitative methods prior to the development of the protocols used in the quantitatively oriented waves of the study and an interweave or integration of the qualitative and quantitative paradigms throughout the three waves of the study. Not only did this greatly facilitate issue identification and enhance the quality of the evaluation content, but it also resulted in a positive, receptive attitude on the part of the study's participants and clients. The design attempted to maximize the applicability and utility of the evaluation results.

Design of Study

The current study consists of four major segments: 1) a prefatory naturalistic study created to provide the foundation for a design matrix, one axis of which identified the data to be collected and the second of which identified probable data sources (see Appendix A for complete matrix); 2) first-wave case studies, designed to facilitate access to data and to check the feasibility and content of questionnaire/interview protocols; 3) expanded second wave case studies, designed to fieldtest data collection instruments and to continue the qualitative investigatory component; and 4) the final third-wave component, designed to collect quantitative and qualitative data through written instruments, personal interviews, telephone interviews, group interviews, and observations. The paradigm is summarized in Figure 4.1.

Overview of Data-Collection Activities

During the prefatory naturalistic study, the evaluators observed a total of 14 classes in six different programs. (See Table 4.1 for a summary of class observations and interviews by wave.) No surveys or questionnaires were used during this phase of the study. A series of open-ended questions was used to conduct a total of 37 personal interviews with program personnel and parents identified as potential data sources.

During the first wave of the study, the evaluators observed nine classes in four programs. Thirty-five questionnaires were completed on-site, and the respondents discussed the content and format of the instruments with the evaluators. Forty-three personal interviews were conducted during these visits, which ranged from 6 to 17 hours over a one- to three-day period at each

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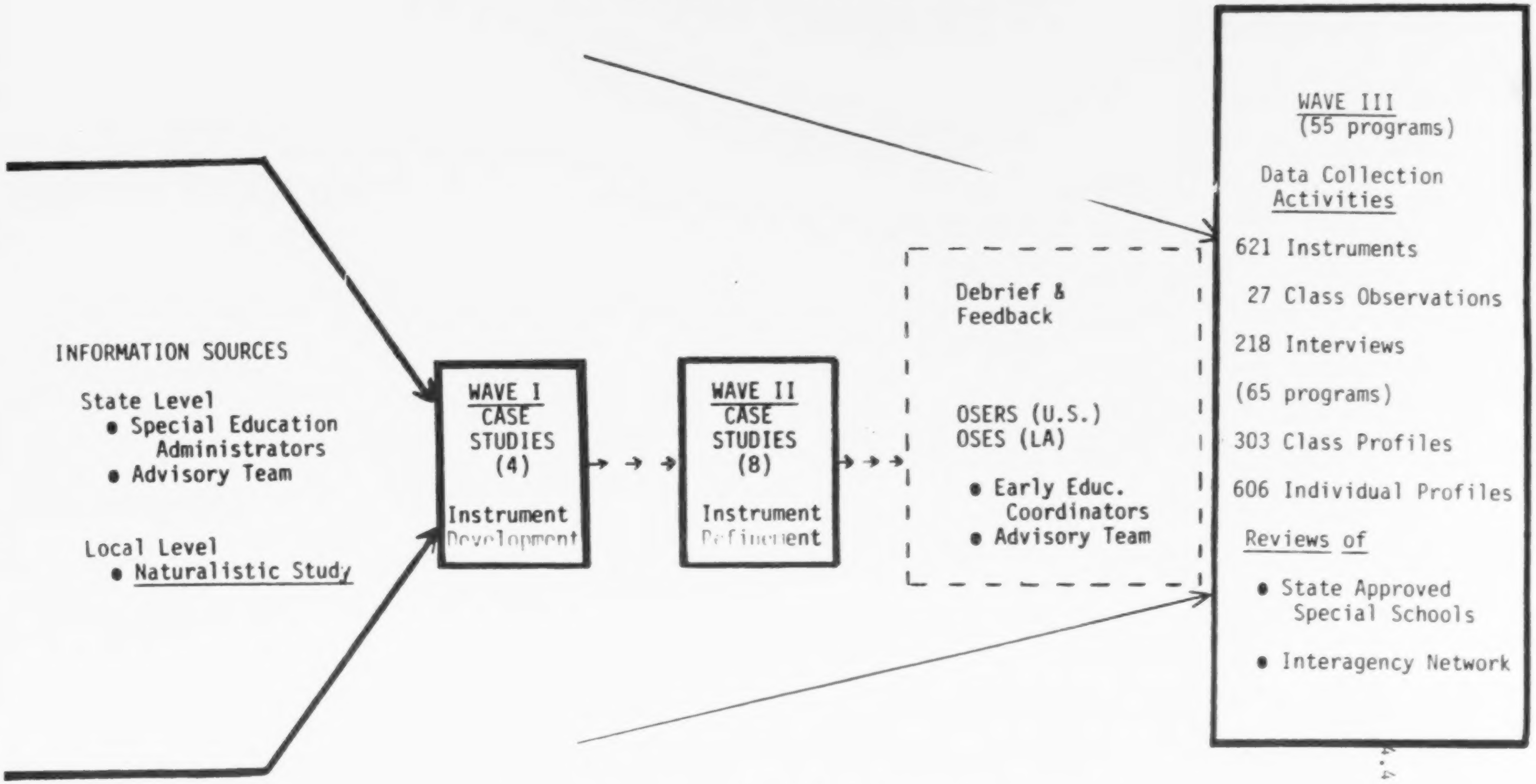

INFORMATION SOURCES
State Level
• Special Education Administrators
• Advisory Team
Local Level
• Naturalistic Study
WAVE I
CASE STUDIES
(4)
Instrument Development
WAVE II
CASE STUDIES
(8)
Instrument Refinement
Debrief & Feedback
OSERS (U.S.)
OSES (LA)
• Early Educ. Coordinators
• Advisory Team
WAVE III
(55 programs)
Data Collection Activities
621 Instruments
27 Class Observations
218 Interviews
(65 programs)
303 Class Profiles
606 Individual Profiles
Reviews of
• State Approved Special Schools
• Interagency Network

Figure 4.1. Flow Chart of the Evaluation Paradigm

Table 4.1

Sampling Data for Observations and Interviews

Study Segment	Total no. LEA programs[a]	No. programs sampled	Total no. classes in program sample	No. classes observed in program sample	% classes observed in program sample
Naturalistic[b]	65	6 (3 LEA)	42 (39 LEA)	14	36%
Wave 1	65	4 (3 LEA)	10 (9 LEA)	9	100%
Wave 2	62	8 (7 LEA)	37 (36 LEA)	10	27%
Wave 3	55	21 (21 LEA)[c]	91 (91 LEA)	27	30%

[a] Indicates sampling without replacement

[b] The naturalistic study encompassed a broad range of programs, including LEA programs, early intervention programs, and hospitals.

[c] Eleven programs were observed during the fall, and 10 programs were observed during the spring.

4.5

site.

During the second wave of the study, the evaluators visited a total of nine classes in eight programs. Fifty-eight questionnaires were completed on-site, and the evaluators conducted a total of 65 personal interviews with program personnel and parents.

During the third wave of the study, the evaluators observed 27 classes in 21 different programs across the state. Four hundred seventy-seven role-specific questionnaires were completed by program personnel and returned to the evaluators for analysis. Representatives of 14 different agencies and institutions were interviewed in a focus group in an effort to study the interagency networking associated with the preschool handicapped program. Demographic data on more than 200 preschool handicapped classes were collected. Demographic data, exit-placement data, and pretest/posttest data were collected on more than 400 handicapped preschoolers. In addition to these activities, the third wave also involved 25 interviews with parents of handicapped preschoolers and approximately 30 personal interviews with kindergarten teachers who subsequently provided relative performance data on approximately 50 preschool handicapped children whose exit placement had been regular kindergarten. Two hundred eighteen personal interviews were conducted during the third wave. (See Table 4.2 for a summary of the LEA program representation in the different evaluation phases and Table 4.3 for instrument returns.)

Sampling Framework

The sampling frame for this study is based upon the known distribution of program formats within the state. In 1985, the majority (68%) of the programs were center-based; 18 percent were combinations of home- and center-based formats; 8 percent were home-based; 3 percent were special assessment centers; 1.5 percent were special residential schools; and 1.5 percent were combinations of home-based/center-based/residential formats. First-wave sampling involved the stratified random selection of four programs which represented the center-based, home-based, combination home- and center-based, and special assessment center formats. The stratified random selection continued in the second-wave sampling, with the selection of four center-based program sites, one combination home-based/center-based program site, one home-based program site, and one special residential program site.

The decision to use program formats as the basis for stratification in the sampling frame was based upon preliminary field observations which revealed more variation among program formats than the variation between rural and urban/ suburban

Table 4.2

Representation of LEA Programs in the Evaluation Phases

	Observation & Interviews		Role-Specific Questionnaires		Class/Individual Profiles	
	No. Programs	% LEA Programs	No. Programs	% LEA Programs	No. Programs	% LEA Programs
Naturalistic Study	3	5%	3	5%	3	5%
Wave 1	3	5%	3	5%	3	5%
Wave 2	7	11%	7	11%	7	11%
Wave 3	21	32%	55	85%	55	85%
Totals[a]	31	48%	65	101%	63	97%

[a] Naturalistic data are not included in the totals since three programs were included in both the naturalistic study and the subsequent waves.

Table 4.3

Third-Wave Instrument Returns

Instrument:	No. mailed	No. returned	% returned
	INSTRUMENT RETURNS		
LEEP Coordinators	8	8	100%
Supervisors	55	42	76%
Pupil Appraisal	55	36	65%
Child Search Coordinators	55	38	69%
Administrators	68	53	78%
Teachers	107	81	76%
Ancillary Staff	110	87	79%
Professional Ancillary	108	91	84%
Volunteers	55	43	78%
TOTAL	621	479	77%

sites. This major design adjustment was made to assure representativeness of the current program formats and to address effectively variability among the 65 programs. Following the conclusion of the second wave, the sampling frame was adjusted to include only those LEA programs having a center-based, home-based, or combination center-based and home-based format and serving handicapped preschoolers with a half-day or full-day program. Stratified random selection was used for the third-wave observation sample, which included 27 sites in 21 programs. Stratified random selection based upon service roles was also used during the third-wave survey segment, which involved 621 program personnel.

The remaining special state programs offering specialized services to the handicapped preschool population and their families are described in Appendix B. They are not included in the core evaluation because they differ markedly from the LEA programs in the number and kinds of children served, staffing patterns, type of facility, length of program, program administration, and degree of integration between the "normal" children and the handicapped preschoolers. While aggregating the data from these programs with the data from the 65 LEA programs would be inappropriate, a description of the services provided by these special schools and facilities is crucial for painting a complete picture of the early education program for handicapped children in Louisiana.

Within the randomly selected program sites, the units of observation, individual preschool handicapped classes, ranged from 0 to 34. During the first-wave case studies, 100 percent of the classes in four programs were observed. During the second-wave case studies, 20 percent of the classes in eight programs were observed. During the third wave, 20 percent of the classes in 21 programs were observed. All classes were selected randomly within the strata of class types.

Two kinds of classes were delineated: categorical and noncategorical. The categorical classes served autistic, sensorially impaired, multiply handicapped, or severely/profoundly handicapped children. The noncategorical classes served all other children identified as eligible for services based upon the Bulletin 1508 guidelines. The percent selected within each stratum was based upon the state distribution of these class types unless a program deviated markedly from the state distribution. In such cases, the program distribution of class types was used to draw the sample from each stratum. Table 4.4, which summarizes the sampling framework, conveys information about program formats, class types, and classroom units of observation.

Table 4.4

Summary of Sampling Framework by Wave

	Program Format							
	Center		Home		Comb		Res/Other	
Study Segment	Cat* Classes	Noncat Classes	Cat Classes	Noncat Classes	Cat Classes	Noncat Classes	Cat Classes	Noncat Classes
Naturalistic Study	0	6	0	0	3	5	1	2
Wave 1	0	1	0	1	1	6	0	1
Wave 2	1	6	0	1	0	2	1	0
Wave 3	3	17	0	1	1	5	0	0
Total	4	30	0	3	5	18	2	3

* Cat = categorical; Noncat = noncategorical

Subjects and Data Sources

The units of study for the project were the 65 LEA preschool handicapped programs. The units of observation were more than 300 individual preschool handicapped classes. This number grew to 402 by the end of the study because some programs increased the number of preschool handicapped classes during the 1985-86 year.

The program personnel included LEEP regional coordinators, LEA supervisors/early childhood coordinators, school administrators, teachers, professional ancillary staff (speech therapists, physical therapists, occupational therapists, adapted physical education teachers, and nurses), paraprofessional and ancillary staff (aides, attendants, and bus drivers), child search coordinators, pupil appraisal personnel (typically social workers, assessment teachers, and psychologists), and volunteers. Related and support service providers also included a variety of external agencies and institutions.

The service recipients included not only the children in the programs, but also their parents, grandparents, foster parents, and other relatives who might have had custody of the children or were an integral part of the family's life. Also affected by the program were the kindergarten teachers who had "graduates" of the preschool handicapped program placed in their regular kindergarten classes.

The 17 identified kinds of service providers, the service recipients, selected support and related service providers, and selected kindergarten teachers were identified as potential data sources. Triangulation (Patton, 1980) was used to check the consistency of information collected from these different data sources using different data-collection methods.

A special interagency segment was designed during the study's third wave to explore in-depth the relationship between or among the various related service agencies and institutions and the LEA preschool handicapped programs. This was accomplished via a case study of one program located in an area determined to be rich in external agency resources. One entire day and four staff people were devoted to this segment, which consisted of a group interview of persons representing 14 different agencies or institutions.

In addition to the 65 LEA programs which form the core of the study, the evaluators also collected descriptive information about 15 special education residential facilities and nine programs listed as Approved Special State Schools. These special sites not only differed in format from the center-based, home-based, and combination formats used in the preschool network, but also the special sites themselves had no commonalities to permit appropriate grouping for analysis. Nevertheless, since the special sites do provide critical services to the 3-to-5-year-old handicapped population, the special facilities and the services they provide are outlined in the report (see Appendix B for complete outline).

Prefatory Naturalistic Study

Overview of purpose and procedures. The naturalistic study was designed to permit the evaluators to examine the real world of preschool handicapped educational programs. The success of the experience was due in part, to the input given to the evaluators by an advisory team representing LEA and state program managers in the field of early childhood special education. Prior to the initiation of the naturalistic study, the evaluators conferred with the advisory team to get their reactions to proposed evaluation components, to get their suggestions for additional components, and to seek their assistance and support in gaining access to the LEA programs.

The naturalistic component consisted of a series of site visits to preschool handicapped programs within a one-day drive of the evaluation headquarters. Rather than randomly, these sites were selected on the basis of location. The sites and formats were selected to encompass all but the home-based settings. In addition to the center-based and combination program formats, the evaluators studied the external agencies and institutions that support the preschool handicapped program. These interviews and observation visits gave rise to the interview and questionnaire protocols developed for later application in the study. The open-ended exploratory strategies used by the evaluators were crucial to issue identification and to the specification of the evaluation design.

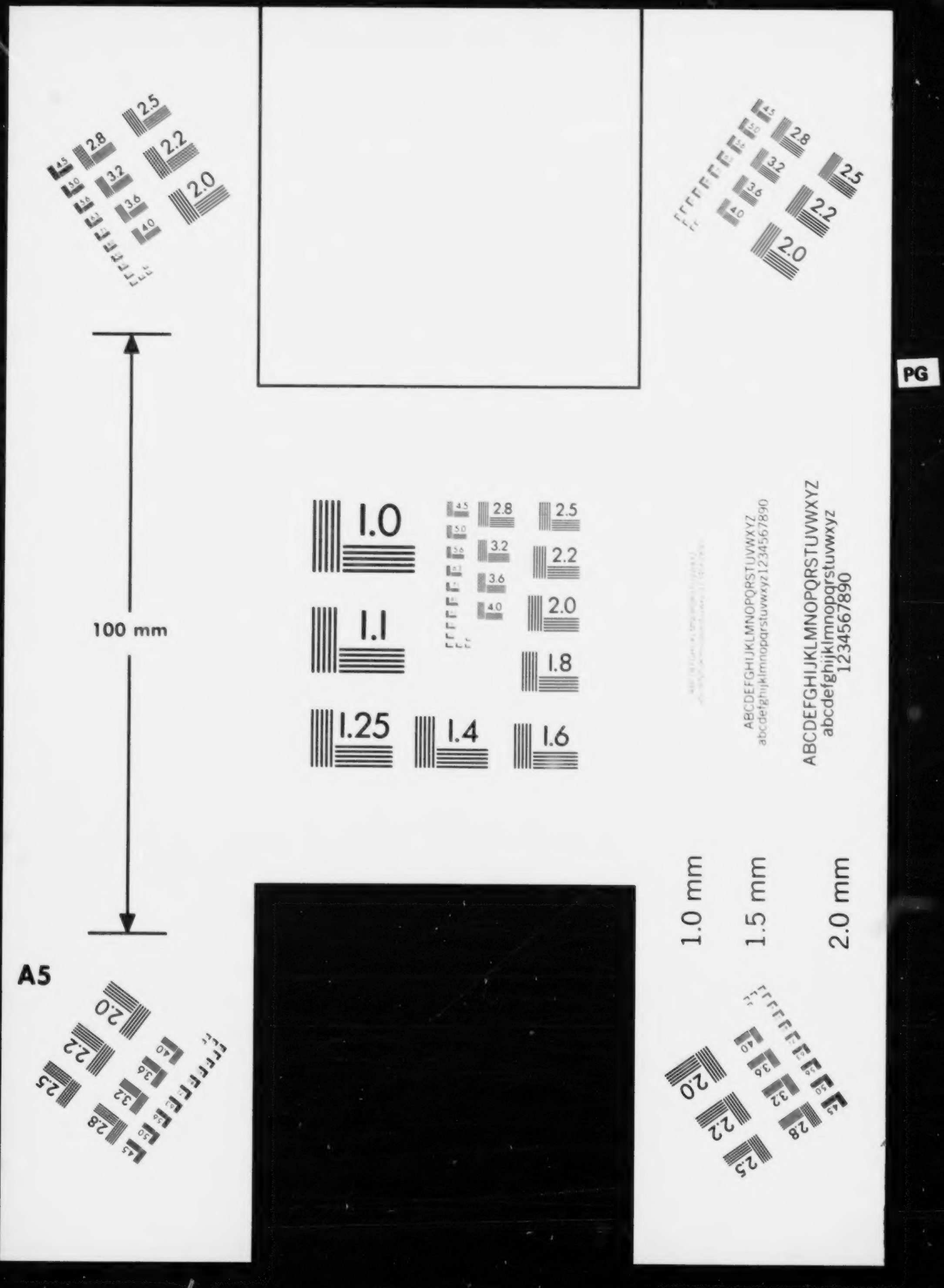
This segment of the study required that the evaluators immerse themselves in preschool handicapped learning environments for extended periods, carefully observing the kinds of children being served, the kinds of people providing services to children, the settings in which different service providers worked, the activities planned for and carried out with the children, the many special provisions in the learning environment, the array of tasks and services performed by the staff, and the general tone of the settings. The procedure required that the evaluators spend time with each of the identified service providers (supervisors of special education/early childhood education, school administrators, classroom teachers, child search coordinators, psychologists, social workers, asessment teachers, physical therapists, occupational therapists, adapted physical education teachers, speech therapists, aides, bus drivers, and bus attendants), giving them an opportunity to share their perceptions of the program, the children, the parents of the handicapped preschoolers, and their role in the program.

This segment of the study resulted in the evaluators' realization that the preschool handicapped programs were bounded on one end by NICUs (Neonatal Intensive Care Units) and EIPs (Early Intervention Programs) providing services to children in the birth-to-3-years age category and, in some cases, by kindergarten classes providing services to the "graduates" of the preschool handicapped programs on the other end. This realization had implications for the study in that it led to an investigation of the interagency network providing comprehensive services to handicapped preschoolers and their families. It also led to an analysis of the kindergarten teachers' perceptions of the children's performance in seven skill areas, and the performance of the handicapped preschoolers was compared with that of the regular kindergarteners.

Unexpected outcomes of the naturalistic component. During the naturalistic study, the evaluators explored some ways of gaining entry into the LEA programs and allaying program personnel's fears related to monitoring. Once these two obstacles were cleared and rapport was established, the program personnel became receptive to the idea of a program evaluation, especially one in which their input would be actively used. Program personnel and parents were apprised of the important role each would play in issue identification. The evaluators also assured them that their familiarity with the program, rather than the evaluators' preconceptions of what a preschool handicapped program should look like, would help to frame the evaluation. Sharing this information with them appeared to effect a "buy into" attitude on the part of program personnel and parents. The bottom line was their perception of the evaluation as having applicability.

The potential for utility of the findings was apparent from the repeated requests for feedback and some form of notification of the findings and recommendations of the study. This was true at all levels, from parish-level supervisors who wanted to know how other parishes were cutting the costs of extended-year sessions, to school administrators who wanted to know how other principals were integrating the preschool handicapped children and the "normal" children, to teachers who wanted to know how other teachers were reacting to the implications of maintenance-of-health procedures, to parents who wanted to know why a vocationally oriented curriculum that stresses average daily living skills could not be put in place for autistic children.

Protocols for naturalistic component. The data-collection protocols for the naturalistic study consisted of a series of open-ended questions used to initiate communication with program staffs. These questions had been developed through a review of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preschool handicapped research literature and discussions with professionals at the state and national levels. As indicated previously, the input collected from these communications and the data from the on-site observations were used to construct a matrix for subsequent data collection. Specific data elements to be collected were displayed on the vertical axis of the matrix, while sources of information were depicted on the horizontal axis. Special symbols (✓ and *) were used in the matrix cells to indicate which sources were available for specific data elements when triangulation was used and which were the optimum sources for data not triangulated. (See Appendix A for the complete matrix.) Data related to presage variables (factors already in place prior to a child's participation in the program or initiation of intervention or treatment), such as primary handicapping condition or socioeconomic status, were collected, as were data related to process and product variables. Examples of process variables were type of instructional setting, quality of learning environment, and frequency of services, while examples of product variables were pretest/posttest score analysis, children's exit placement, kindergarten teachers' performance ratings of preschool handicapped "graduates," and parents' reports of changes in their children.

First-Wave Case Studies

Overview of purpose and procedures. The first-wave case studies, which followed the naturalistic study, were used to fieldtest the logistical procedures for gaining access to the LEA programs, arranging for extended classroom observations, and scheduling personal interviews with program staff and parents. The major thrust of the first-wave case studies was the initial application of the design matrix to the programs in an effort (1) to describe the program structure, the staff, the children, and the relationships between or among various facets of the program, (2) to identify appropriate outcome measures and the most probable and accurate sources of information, and (3) to use triangulation to check the consistency of findings based on different data-collection techniques. Role identification, designation of information-rich sources, and triangulation were accomplished during the first wave.

One example of triangulation was the use of multiple data sources--17 different kinds of service providers as well as parents--and multiple data-collection methods--observations, interviews, and questionnaires--to study the perceived benefits and difficulties associated with the preschool handicapped program. Data collected during the observation and interviews were charted and used as the basis for inclusion of benefits and difficulties reported by the different data sources (service providers, parents, etc.).

Triangulation was also used in the study of job-related stress/burnout and maintenance-of-health implications. Both personal interviews and questionnaires were used to collect data related to these issues. Multiple data sources including teachers, aides, and administrators, were identified and used to study the issues. Consistency of the findings was then checked across both data collection methods and data sources.

The design matrix illustrates additional uses of triangulation with specific data elements. The matrix also illustrates the data elements for which optimum data sources were used in lieu of triangulation.

Four programs were randomly selected on the basis of program format for inclusion in the evaluation's first wave. One center-based program, one home-based program, one combination program, and one residential program were selected. The two evaluators scheduled site visits, ranging in length from one day to three days, to each of the programs, with the size of the program being the determining factor in the length of the site visit. No sampling was done within the program. One hundred percent of the teachers were observed in their teaching environments, staff members representing 12 different service roles were interviewed, and at least one parent from each program was interviewed. The parent representatives were not randomly selected, but were nominated by the classroom teachers who knew which parents were capable of communicating and which would be willing to participate in an interview. The teacher selection of the parents did not appear to introduce any particular bias in the overall study, although in some programs, it seemed as though the teachers and the parents were comrades in arms against the "system." Parents, although generous in their praise for the preschool handicapped program, were not reluctant to make recommendations for improvements. Given possible this selection bias, however, one should be cautious about generalizing these results to other parents.

First-wave use of the instruments. During the first-wave case studies, the instruments developed from the design matrix were fieldtested, primarily as interview protocols. This enabled the evaluators to identify interpretive difficulties in the questions and to assess the adequacy of the instruments with regard to appropriate content and general comprehensiveness. Responses were recorded and tabulated to enable the evaluators to move from the open-ended format to a structured format with specific response options on the instruments. As issues and concerns surfaced during the case-study interviews and observations, notes were made about adding specific items to the instruments and restructuring item stems and responses. In a few cases, items were moved from one instrument to another as the evaluators grew more knowledgeable about the different subject groups and the data they could provide.

Prior to the second-wave case studies, results of the first-wave fieldtesting were used to revise the instruments. It was necessary to prepare separate instruments for the professional and paraprofessional ancillary staffs. Since some of the instruments were to be completed as paper-and-pencil questionnaires during the second-wave case studies, the evaluators worked to change the open-ended questions (which were appropriate for interviews) to multiple response items. The information collected in the field was used to structure the questions and to list possible response items. Instruments considered for use as paper-and-pencil questionnaires included those for the supervisors/early childhood coordinators, school-level administrators, and classroom teachers.

At the conclusion of the first wave, the evaluators had additional information for the design matrix and program personnel's suggestions for instrument revisions. The evaluators had also became aware of patterns of interaction between teachers or aides and children that needed further investigation. In light of the difficulties associated with attempts to blueprint the classrooms and to describe the learning environment, the evaluators recognized the need for an environment rating scale, a comprehensive scale addressing features of the class settings, such as greeting/departing routines, diapering/toileting provisions, learning materials, room arrangement, receptive/expressive language activities, snack/meal provisions, and special provisions for exceptional children. During the interim between the first and second waves, The Early Childhood Environment Rating Scale (Harms & Clifford, 1980) was selected as the most appropriate scale for this study.

Second-Wave Case Studies

Overview of purpose and procedures. Information collected in the naturalistic study and the first-wave case studies led to the design of a series of 13 data-collection instruments (see Appendix C for complete listing of instruments). The purpose of the expanded second-wave case studies was to fieldtest and refine the instruments. These questionnaire/interview protocols, although characterized by carefully structured items with specific response options, also contained provisions for open-ended responses that permitted the evaluators to continue issue identification.

Stratified randomization based on program format was used to select eight programs for inclusion in the second-wave case studies. Representatives from each of the identified service-provider roles were interviewed at each site. Twenty percent of the preschool handicapped classes in each program were observed, a process that required a minimum of three hours per class. Teachers were asked to recommend parents who would consent to be interviewed by the evaluators. These interviews were generally done by telephone, although in a few cases, the parents were interviewed on-site.

A major difference between the evaluation's first and second waves was the use of some of the instruments as questionnaire protocols rather than interview protocols. This wave was also the first time the evaluators worked separately, with one completing the Early Childhood Environment Rating Scale and the other distributing questionnaires and interviewing staff. During both the naturalistic study and the first wave, the evaluators completed all interviews and observations as a team.

Second-wave use of the instruments. During the second wave, the evaluators interviewed program staff members to elicit their reactions to the instruments, the appropriateness of items, the ease of interpretation, the time required to complete the instruments, and general comprehensiveness. The evaluators pursued the qualitative element in the second-wave case studies by interviewing the persons they believed to be the richest sources of information. These interviews continued to assist the evaluators in identifying issues. The naturalistic flavor of the first-wave study permeated this wave also, and while enabling the evaluators to continue learning about the program being evaluated, it also prevented them from becoming "locked in" conceptually in the components of the study. They pursued, for example, the question of job stress that had not been anticipated during the initial design stages of the study. This included stressful situations identified by program staffs, such as repeated assignment to severe/profound classes, inordinate amounts of paperwork, maintenance-of-health procedures, lack of opportunity for professional growth, lack of provisions for professional sharing and support, and emotional involvement with the children and their families.

While the issue of stress was raised during the naturalistic study, some factors perceived by program personnel as being associated with stress were not identified until the final third-wave component. The emerging issue of job stress, in turn, led the evaluators to explore the implications of the maintenance-of-health procedures--such as intermittent catheterization, tube feeding, and suctioning--in interviews with supervisors, administrators, teachers, aides, and parents. This issue did not surface until the interim between the second and third waves. Thus, the value of maintaining openness to new issues was actually realized during the evaluation.

Following the second wave, the evaluators conferred for a second time with the advisory team representing LEA and state program managers in the field of early childhood special education. The purposes of this conference were to ascertain if the proposed evaluation components would meet the needs of program personnel, to get the team's suggestions for final instrument revision, and to provide them with feedback about the progress of the study, especially in the area of issue identification. This general conference was preceded by a series of debriefing sessions, the purpose of which had been to keep program personnel's fingers on the pulse of the evaluation. At these sessions, evaluators discussed preliminary findings and gave program personnel an opportunity to react to findings and offer suggestions as to the general direction of the evaluation. Debriefing sessions were scheduled with the Assistant Superintendent for Special Education, the Louisiana Early Education Program (LEEP) director and regional coordinators, and the regional coordinators for Special Education.

Instrumentation to describe children. Having noted during the naturalistic study and the first-wave case studies that there was some problem with definitions and labels, the evaluators designed an instrument that would allow more accurate description of children being served in the preschool handicapped programs. For example, it was discovered that children were reported one way for state data bases and another for federal data bases. Neither way conveyed a description that made sensible, functional distinctions among the children. It was possible, for example, to see children in one noncategorical setting who might be easily mistaken for regular kindergarten children because their delays were so mild; however, in another setting one might see children who were also called noncategorical but were in the second trimester of in utero development. While the children in the first classroom might be verbal, ambulatory, toilet-trained, sighted, and require exposure to other children for socialization and acquisition of school-appropriate behaviors, the children in the second classroom, in many cases, might be nonverbal, nonambulatory, in diapers, blind, deaf, and might even require extensive physical therapy and positioning in a simulated womb, not to progress, but to avoid developmental regression. In some cases, a similarly wide range of handicapping conditions could be found within a single classroom. The fact that typical definitions were not functional made the study of the educational implications of the type of class or child more difficult.

Instrumentation to describe classrooms. There was also a desire to present a comprehensive picture of the early childhood learning environment. During the naturalistic study and wave one, the evaluators sketched the classrooms and wrote copious notes about what they observed. This approach proved unwieldy; therefore, attention was turned to the Early Childhood Environment Rating Scale. During the early phases of the study, the evaluators scrutinized this scale and a number of others for their applicability to the special preschool handicapped settings; their comprehensiveness in describing the facilities, furnishings, materials and equipment, special provisions, scheduling, provisions for meals, snacks, naps, and toileting, language, motor, socialization, and self-help activities; and their usefulness in analyzing program efficacy. After considerable fieldwork, the evaluators concluded that the Early Childhood Environment Rating Scale was the instrument that best met the needs of the study. The evaluators were trained by one of the scale's authors to use the scale, and they conducted a series of observations to establish interrater reliability prior to use of the scale in the evaluation's third wave. Kendall's coefficient of concordance was used in the analysis to determine the level of interrater reliability. The W statistics from these analyses ranged from a low of .66 to a high of .88.

The four items on the adult needs subscale were not included in the evaluators' use of the scale. At least one study reported by the author indicated that deletion of that particular subscale did not affect the reliability, validity, and internal consistency of the overall scale.

Instrumentation to describe interaction patterns. Patterns of interaction between the teachers or aides and the children were of sufficient interest to warrant the collection of some preliminary interaction data during this wave. The frequency, type (verbal or tactile), and status (negative, positive, or neutral) of interaction were charted during a five-minute period during circle or fine-motor activity times at each site. This was done because observations during the first two segments of the study had led the evaluators to conclude that some teachers were (perhaps unwittingly) selectively interacting with certain types of children. Race, sex, and handicapping condition appeared to have some bearing on the frequency and kind of interaction between the teachers or aides and the students. During the evaluation's second and third waves, the charting was done to determine the existence of these suspected interaction patterns.

Third-Wave Component

Overview of purpose and procedures. The final third-wave component was the most intricate and the one in which the qualitative and quantitative evaluation components were thoroughly integrated. A series of 27 site visits was conducted, with half being completed in the fall and half in the spring, in an effort to control for maturational and historical interaction. Each site visit required a team of two persons working a minimum of four hours to complete. The site visits consisted of extensive observation of the handicapped children in the classrooms, cafeterias, restrooms, loading areas, play areas, and therapy areas, as well as interviews with the teachers, administrators, professional and paraprofessional ancillary staff, and parents.

Midway between the fall and spring site visits, a major data collection effort was launched via a mail survey of 621 persons, which yielded a 77 percent return rate. Stratified randomization based on service roles was used, and no persons included in the on-site interviews were included in the mail survey. The role-specific instruments alluded to earlier were used in this survey. Table 4.5 summarizes this particular data-collection effort.

During this wave, a total of 218 service providers were interviewed personally onsite, and 25 parents/guardians of handicapped preschoolers were interviewed by telephone. Representatives of 14 different agencies and institutions were interviewed in a focus-group setting in an effort to study the interagency networking related to the preschool handicapped program.

Table 4.5

Sampling Data for Role-Specific Questionnaires

Role	No. LEA Programs Sampled	No. of Individuals Sampled	No. Returned	% Returned
LEEP Coordinators	8 of 8 regions	8	8	100
LEA Supervisors/Early Childhood Coordinators	55	55	42	76
School-Level Administrators	55	68	53	78
Child Search Coordinators	55	55	38	69
Pupil Appraisal Personnel (Psychologists, Assessment Teachers, and Social Workers)	55	55	36	65
Teachers	55	107	81	76
Paraprofessional Ancillary Staff Aides, Assistants, Attendants, and Bus Drivers	55	110	87	79
Professional Ancillary Staff Speech Therapists, Physical Therapists, Occupational Therapists, and Adapted Physical Education Teachers	55	108	91	84
Volunteers	55	55	43	78
Parents	33	34*	34	100

*Both the mother and the father were interviewed in one program.

The final segment of the third wave involved the collection of descriptive class data and individual student outcome data. The 403 teachers working in the preschool handicapped program were requested to provide demographic data on their classes and demographic and pretest/posttest data on two specific students in their classes. To facilitate reporting these data, the evaluators developed both a class and an individual profile data collection instrument. The instrument was sent directly to 403 teachers, all of whom had received information about the study via newsletters and a special personal letter from the evaluators. Program supervisors, with whom the evaluators had met periodically, also spoke to the teachers about the study.

Interagency case study. An interagency case study was carried out after the site visits had been completed. The case study, completed in a group-interview format, required four staff people and six hours of contact time with representatives of 14 different agencies/institutions. The content and planning related to the case study evolved over an eight-month period.

The content of this group interview evolved from the perceptions of the evaluators about the presence or absence of interrelationships among various agencies and the preschool handicapped program personnel. These perceptions evolved throughout all four segments of the study, since the evaluators made no attempt to finalize the content until after all fieldwork had been completed. This assured that the maximum number of issues and concerns was explored during the interagency group interview.

Third-wave use of instruments. The evaluators structured the final third-wave component to facilitate a continued interweaving of the quantitative and qualitative elements of the study. While the data-collection instruments were designed to collect primarily quantitative data, some open-ended items and some options for supplying additional information about the program were included on the final draft. Surprisingly enough, a substantial number of program personnel took advantage of these options or the open-ended items and supplied some "thick descriptive" information.

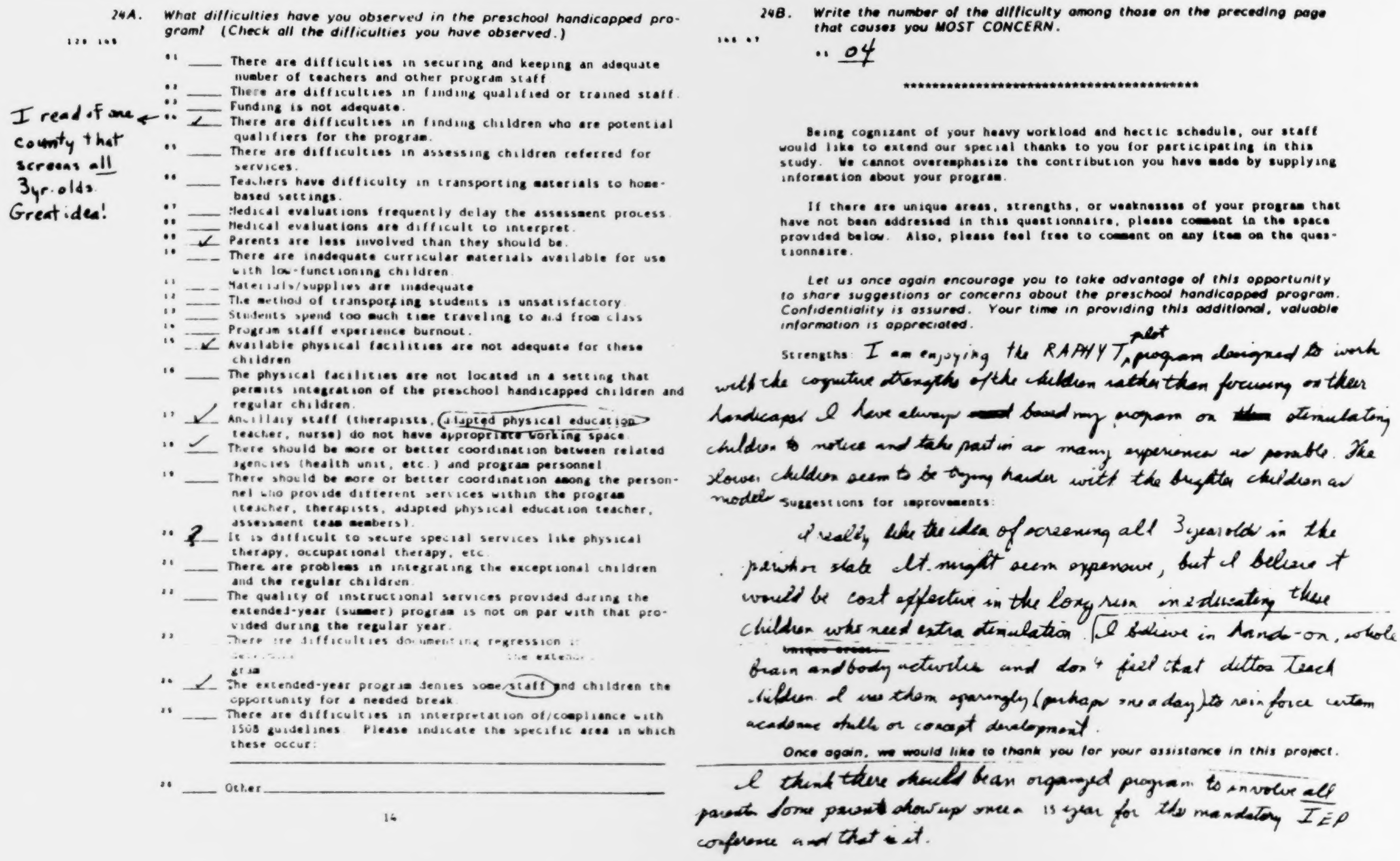
A core of open-ended questions was developed to permit the continuance of the qualitative evaluation component. These questions addressed issues and concerns that evolved during and after the second-wave case studies and thus could not be investigated in previously developed instrumentation. The qualitative item core was used as a series of interview questions. Through this procedure, the evaluators were able to investigate specific areas that otherwise might have been relegated to the report section on "recommendations for further study." This seemed particularly pleasing to the program clients and the funding sources who saw that they were getting more for their dollars invested in the study and to the evaluators who were able to use selected quantitative data to substantiate or negate the qualitative data, thus giving an added dimension to the study.

An example of this process involved the use of qualitative methods to identify factors program personnel believed were related to burnout and then the use of quantitative methods to see to what extent a random sample of program personnel stratified by role agreed or disagreed with the identified factors. The same procedure was used to identify factors program personnel believed would prevent or alleviate burnout. Quantitative data gathered from teachers, aides, and school-level administrators were then used to determine to what extent program personnel agreed upon the factors that would most likely prevent or alleviate burnout. Figure 4.2 presents examples of this integration of both open-ended and fixed-response items.

Data Analysis

A procedural explanation and a theoretical framework relative to the data analysis used in this study are included in the present chapter. Complete details of the data analysis are included in Chapter 5.

The data collected during the qualitative segments of the



24A. *What difficulties have you observed in the preschool handicapped program? (Check all the difficulties you have observed.)*

120 145

I read of one ← county that screens all 3yr. olds. Great idea!

01 ____ There are difficulties in securing and keeping an adequate number of teachers and other program staff.
02 ____ There are difficulties in finding qualified or trained staff.
03 ____ Funding is not adequate.
04 ✓ There are difficulties in finding children who are potential qualifiers for the program.
05 ____ There are difficulties in assessing children referred for services.
06 ____ Teachers have difficulty in transporting materials to home-based settings.
07 ____ Medical evaluations frequently delay the assessment process.
08 ____ Medical evaluations are difficult to interpret.
09 ✓ Parents are less involved than they should be.
10 ____ There are inadequate curricular materials available for use with low-functioning children.
11 ____ Materials/supplies are inadequate.
12 ____ The method of transporting students is unsatisfactory.
13 ____ Students spend too much time traveling to and from class.
14 ____ Program staff experience burnout.
15 ✓ Available physical facilities are not adequate for these children.
16 ____ The physical facilities are not located in a setting that permits integration of the preschool handicapped children and regular children.
17 ✓ Ancillary staff (therapists, adapted physical education teacher, nurse) do not have appropriate working space.
18 ✓ There should be more or better coordination between related agencies (health unit, etc.) and program personnel.
19 ____ There should be more or better coordination among the personnel who provide different services within the program (teacher, therapists, adapted physical education teacher, assessment team members).
20 ? It is difficult to secure special services like physical therapy, occupational therapy, etc.
21 ____ There are problems in integrating the exceptional children and the regular children.
22 ____ The quality of instructional services provided during the extended-year (summer) program is not on par with that provided during the regular year.
23 ____ There are difficulties documenting regression i[illegible] [illegible] the extend[illegible] gram
24 ✓ The extended-year program denies some staff and children the opportunity for a needed break.
25 ____ There are difficulties in interpretation of/compliance with 1508 guidelines. Please indicate the specific area in which these occur: ____________
26 ____ Other ____________

14

24B. *Write the number of the difficulty among those on the preceding page that causes you MOST CONCERN.*

146 47

04

****

Being cognizant of your heavy workload and hectic schedule, our staff would like to extend our special thanks to you for participating in this study. We cannot overemphasize the contribution you have made by supplying information about your program.

If there are unique areas, strengths, or weaknesses of your program that have not been addressed in this questionnaire, please comment in the space provided below. Also, please feel free to comment on any item on the questionnaire.

Let us once again encourage you to take advantage of this opportunity to share suggestions or concerns about the preschool handicapped program. Confidentiality is assured. Your time in providing this additional, valuable information is appreciated.

Strengths: I am enjoying the RAPHYT pilot program designed to work with the cognitive strengths of the children rather than focusing on their handicaps. I have always ~~[illegible]~~ based my program on ~~the~~ stimulating children to notice and take part in as many experiences as possible. The slower children seem to be trying harder with the brighter children as models.

Suggestions for improvements:

I really like the idea of screening all 3 year olds in the parish or state. It might seem expensive, but I believe it would be cost effective in the long run in educating these children who need extra stimulation. I believe in hands-on, whole brain and body activities and don't feel that dittos teach children. I use them sparingly (perhaps one a day) to reinforce certain academic skills or concept development.

~~Unique areas:~~

Once again, we would like to thank you for your assistance in this project.

I think there should be an organized program to involve all parents. Some parents show up once a year for the mandatory IEP conference and that is it.

Figure 4.2. Illustration of Quantitative and Qualitative Responses on the Questionnaire for Teachers.

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present study originated in the form of copious fieldnotes which were condensed and, in some cases, fitted into appropriate cells on the design matrix. The data were then used to initiate instrument development.

The data collected during the first wave and the second wave were subjected to inductive analysis, as the evaluators were studying emerging patterns and themes. As Patton (1980, p. 306) has noted

> ...the patterns, themes, and categories of analysis... emerge out of the data rather than being imposed on them prior to data collection and analysis.

As the present study progressed, patterns of operation, funding, schedules, and service delivery were documented by the two evaluators. Themes related to the developmental versus the academic curriculum, concerns associated with maintenance-of-health routines, competencies of the home-based versus the center-based teachers, and assessment guidelines emerged and were included in the instrument content. Categories of service providers, program formats, children, teacher preparation, student skills, physical facilities, and transportation began to define themselves.

Triangulation, the use of multiple data-collection methods and the use of multiple sources, was used to cross validate data being collected and to check the consistency of findings based on the data collected. Reconciliation of the qualitative and the quantitative data was achieved by using the quantitative data base to substantiate or to negate assumptions set forth in the qualitative database.

Insofar as quantitative data analysis is concerned, Statistical Analysis System (SAS) was used to report descriptive statistics. Canonical correlation was used to analyze the relationship between the presage, process, and product variables to demonstrate which program characteristics are related to specific program outcomes. This analysis, the core of the evaluation analysis, is deemed particularly appropriate, for as Thompson (1984, p.9) has stated

> ...canonical correlation can be as complex as a reality in which most causes have multiple effects and most effects are multiply caused...

In the present study, a complex statewide program is being evaluated. Over 400 classes are serving approximately 5,000 children with as many as 17 different kinds of services. Many presage variables (factors in place prior to intervention or treatment)--such as size and format of program, child's exceptionality, and degree of parent involvement--may interact with process variables--such as type of instructional activities, quality of learning environment, and frequency of professional ancillary staff services--to produce some effect upon selected outcome measures, which include exit placement status, pretest/posttest developmental gain scores, kindergarten teachers' rating of the preschool handicapped "graduates" in seven major skill areas, parents' perceptions of positive change in the children, and program staff's perceptions of the benefits and difficulties associated with the program. The relationship of the many variables included in this study can best be analyzed through the use of canonical correlation.

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Thompson, B. (1984). Canonical Correlation Analysis: Uses and Interpretation. Beverly Hills: SAGE Publications.

Chapter 5

Data Analysis and Findings

Introduction

The present chapter has been written with two purposes in mind: (1) to provide information about the data analysis, and (2) to share the findings of the study with the reader. The qualitative and quantitative data gathered during the study have been integrated in this chapter in an effort to provide the reader with a comprehensive overview of early education programs for handicapped children in the state of Louisiana.

This chapter is structured in accordance with the three major areas addressed by the evaluation questions: (1) program definition, (2) program relationships, and (3) program effects. In presenting the findings related to program definition, the authors will discuss the direct educational, related, and support services provided by the program, the numbers and kinds of children served by the program, the structure of service delivery, the numbers and kinds of service providers working in the program, and selected aspects of child search activities and pupil appraisal procedures. The discussion of program relationships will include information about the coordination among the personnel within the program; the coordination between the program staff and related agency service providers; the coordination between program staff and the regular education staff who eventually work with some of the graduates of the program; the relationship between local school system demographics and program characteristics; and the relationship between local values and beliefs, and the characteristics of the program, its resources, and the expected outcomes. The chapter will conclude with a discussion of program effects and the identification of those factors that have a significant relationship with selected outcome measures.

Purpose and Procedures

The prefatory naturalistic study, which was the major qualitative element of the preschool handicapped evaluation, was designed to (1) lay the foundation for the design matrix, (2) gauge the appropriateness and scope of the tentative evaluation questions, (3) conduct a reality check on the perceived differences that exist between preschool programs cited in the related literature and the preschool handicapped programs in Louisiana, and (4) familiarize the evaluators with the preschool handicapped program environment, the kinds of children being served by the program, and the service delivery models for the preschool handicapped program. The additional qualitative strands of the study, which generally took the form of personal, telephone, or group interviews and extensive observations with accompanying field notes and anecdotal notes, were built into the overall design to assure that the evaluators studied issues and concerns that surfaced during the different waves of the study, and thus, perpetuated a self-informing design through the final wave.

In order to accomplish the purposes of the qualitative elements of the evaluation, the evaluators immersed themselves in the preschool handicapped learning environment for extended periods of time, frequently arriving on the school site prior to the children's arrival and staying through the lunch and nap periods until the children left in the afternoon. The evaluators' time was spent carefully observing and documenting the settings, the numbers and kinds of children being served, the numbers and kinds of service providers, the types and frequency of services provided, the types of instructional activities used with the children, and the interaction patterns between the staff and the children. A significant portion of their time was also spent in extensive personal interviews with identified program staff and parents/guardians of handicapped preschoolers served by the program.

Triangulation, checking the consistency of findings or information generated by different data-collection methods and different data sources, was used to cross-validate data collected from persons representing seventeen different service roles, parents, and kindergarten teachers. Triangulation was also used to check the consistency of the field data collected by the two evaluators during site observations via the application of the Early Childhood Environment Rating Scale and the personal interviews.

Program Definition

Numbers of children served. During the naturalistic study, the evaluators were able to confirm that 65 of the 66 LEAs (64 parish school systems and two city school systems) in Louisiana have an established preschool handicapped program. According to a supervisor interviewed by the evaluators, the one LEA not offering a preschool handicapped program serves any identified handicapped preschooler in the local Headstart Program or the K-12 special education program. While a telephone survey was used to confirm the existence of the programs offered in each LEA, three databases were examined to provide information about the number of children served by the program statewide. These included the SDE's Annual Report, the Child Count Report, and the LEEP report. The number ranged from slightly over 2,000 children reported in one source to approximately 6,000 in another source. In tracking the discrepancy, the evaluators were unable to verify the numbers reported in two of the three databases. The third source was verified by the LEEP coordinators who went into the field in the fall and collected child count data prior to October 15. Their hardcopy records of each LEA's child count were verified by the evaluators who personally contacted each LEA special education supervisor or early childhood coordinator. The verified figures were subsequently used as the basis for the sampling framework in later parts of the study. This third source represented the lowest number reported in the three databases. Fieldwork done during the naturalistic study led the evaluators to the conclusion that at least part of the discrepancy in numbers may be due to the number of children who receive "speech-only" services, as these children may be counted in one database and not in another. Confirmation of any of the three databases was not possible using the LANSER database since the handicapped preschooler data were not always entered on each LEA's database.

Types of children served. In the conduct of the naturalistic study, the evaluators investigated the significance of the "categorical" and "noncategorical" designations used to describe the children being served by the LEA program and to describe the classes themselves. Although carefully written guidelines establish the criteria for these designations, the evaluators found the designations did not generally convey meaningful information about either the children or the classes...nor were the guidelines consistently applied in arriving at either of the designations. While "categorical" generally refers to children who are sensorially impaired, autistic, or severely/profoundly mentally handicapped, "noncategorical" is used to refer to children who are developmentally delayed, speech impaired, or at-risk. The gamut of conditions covered by this designation seems almost infinite.

An interesting controversy continues to simmer about the categorical-noncategorical issue. One contingent advocates the categorization or categorical labeling of children in an effort to provide "deficit specific" services that will be more efficacious. Another contingent argues for the use of the noncategorical label and the extension of that label until a child is 8 or 9 years old, believing this will promote efficacious service delivery and help avoid the stigmatization often associated with labeling children. The advocates of the deficit-specific service delivery assert that this approach permits program staff to zero in on children's specific delays and provide appropriate instruction that should result in significant gains rather quickly. The advocates of the extended labeling believe that continuation of services for a longer period may eventually result in children's reaching their normal developmental age and their subsequent placement in regular education.

Certainly the discrepancies in application of the two designations were noted throughout the fieldwork. At one site a noncategorical class consisted of six children with mild language delays. At another site a noncategorical class consisted of a combination of children, some of whom had minor articulation problems and some of whom were multi-handicapped or severely/profoundly handicapped. And in still another site, a noncategorical class consisted of four severely handicapped children who required one-on-one care, intense and frequent therapy, sensory stimulation, or womb simulation activities.

Generally, the categorical class was recognizable, and the range of handicapping conditions, such as visual impairment, hearing impairment, or autism, was much narrower than that seen in the noncategorical classes. However, it was not uncommon to see a categorical child in a noncategorical class, particularly in smaller LEA programs having one or two classes. It should be noted, however, that 43 percent of the state programs have only one or two classes. A number of classes were observed in which this arrangement worked well; however, in a number of cases, hearing-impaired children were in noncategorical classes taught by teachers who had little or no expertise in signing. Despite some sincere efforts, the teacher and aide, unable to communicate well with the child, spent considerable time looking up signs in a signing manual. This stood in sharp contrast to instructional activities taught by teachers specially trained in this area. Thus, there is a problem associated with the meanings of categorical and noncategorical, whether the labels are applied to children or to classes.

Categorical Class Cameo

What a really terrific feeling it gave me to watch the teacher and aide greeting each of the hearing-impaired kids, as each stretched tiny legs to step off the bus and onto the school yard. Every child--from the brown-eyed, chestnut-haired Tommy who would steal anyone's heart, to Tonia, whose misshapen features were framed by straggly dirty blond hair and whose less-than-perfect body smelled of urine indicating a recurrence of a kidney infection that plagued the child--*everyone*...got an enthusiastic, warm hug from the teacher and aide, who immediately plunged into animated conversation with the children...and the real delight was seeing the fragile munchkin fingers of 3-, 4-, and 5-year olds signing back to the teacher, the aide, and to the other children. Although I couldn't understand much of the signing, I could read the excitement on the faces as these children chattered in their own fashion...and I recalled something Holt called "The Joy of Learning."

The children, the teacher, and the aide held hands as they enjoyed a pleasant and animated stroll back to the classroom. And in this classroom, the enjoyment of communicating with each other continued as children did not withdraw into their own quiet worlds. Indeed, it seemed as if the teacher flipped a switch that activated a communication circuitry characterized by some kind of magnetism. The magnetism pulled expressive language out of every child in the room, and by the same token, made the mind of every other child a receptive field that attracted and grasped the communication. This mysterious circuitry remained operative and pulsating, as fine motor and gross motor activities were completed, as a snack period during which manners were stressed came and went, as a free play period was enjoyed by the children as they interacted with each other... How the beauty and the efficacy of this communication circuitry came into focus as I watched the children emerge from their individual worlds, not as timid, helpless creatures, but as assertive, confident kids excited about what they were learning...and about learning to be independent, whether it was Tommy signing to the teacher to tell her he needed to go to the bathroom, then going, and then doing it solo...or Devin taking his hearing aid off, dissembling it, cleaning it, reassembling it, and then putting it back on...by himself. Of course, I recall with some amusement the light-hearted lament of the audiologist who said she had to get more replacement devices for the preschool hearing impaired classes than for all the other hearing-impaired classes combined... It seems the children have a "tendency" to throw their devices out the bus windows or flush them down the toilet. They seem to be particularly intrigued by the disappearance of the device down the toilet bowl.

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Kinds of children served. The racial make-up of the classes seems fairly evenly divided between black children and white children, with few other minorities being reported. There is a distribution of children representing different socioeconomic groups ranging from upper middle class to extreme poverty. Although a large number of children receive free lunch as part of the program, a substantial number of parents pay for their children's lunch. There are children whose parents have homes in "suburbia Americana" equipped with special adaptations, gadgets, mirrors, and toys to tantalize any child...and the parents are active in the child's education. (Teachers reported that parents such as these work diligently and regularly to reinforce what the teacher stresses. Many go to great lengths to get extra help and services for their children, and some are active in local, state, and even national support groups.) There are also parents--and grandparents--who, although limited in financial resources, work closely with program staff to help their children. What they lack in financial resources, they more than compensate for with their time, patience, determination, and love. There are also children whose parents share a two-room, dirt-floor shack with an extended family of 13...and the parents, unaware and unappreciative of the importance of education, refuse to send their children to school on a regular basis...and view with skepticism visitors to the home, for they might be "welfare checkers". Even the home-based teachers have to take considerable time to establish rapport with the occupants of the home. (Occupants is a term used in lieu of parents, for frequently the child and the mother are living with other persons. Both home-based teachers and supervisors reported that the other persons may be extended family, friends, or lovers.)

There generally were more boys than girls in the preschool handicapped classes. As a matter of fact, in several of the observed classes, only boys were in the classes. The general pattern was a boy/girl makeup of roughly 2:1.

Based upon data collected from more than half the programs statewide, a profile of a typical center-based class was developed. Table 5.1 summarizes this profile.

Table 5.1. Profile of a typical center-based program showing children's sex, race, and socioeconomic status.

Sex		Race				Socioeconomic status (school lunch data)			
Male	Female	Bl	Wh	Hsp	Other	Paid	Reduced	Free	N/A
5.1	2.8	3.4	4.6	-	0	2.6	.33	4.6	.16

Data collected from 78 percent of the teachers working in the program were consistent with those collected during the observations. State-level means for the sex, race, and socioeconomic status of children in the program are reported in Table 5.2.

Table 5.2. State-level means for class profile data (weighted by LEA program).

Sex		Race				Socioeconomic status (school lunch data)			
Male	Female	Bl	Wh	Hsp	Other	Paid	Reduced	Free	N/A
5.6	3.0	4.5	3.9	.04	.08	2.2	.83	4.8	.58

During the 1985 school year, there were 349 preschool handicapped classes reported during the first semester. The majority of these, 306, were noncategorical, while the remainder, 43, were categorical. Nineteen LEAs reported that they had handicapped infant classes serving the birth-to-2-year-old handicapped population. The average enrollment in the preschool handicapped classes serving the 3- to 5-year-old children was six, with a range of 2 to 12. Of the 65 LEA programs, 64 percent (42) were identified as small, with four or fewer classes; 29 percent (19) were identified as medium, with 5 to 15 classes; 8 percent (5) were identified as large, with 16 to 44 classes. By the spring of the 1986 school year, the state's program had grown to 403 classes, with the majority of these still being noncategorical. While there was a noticeable growth trend (15 percent statewide), the majority of the LEA programs were identified as small.

Program settings. There are three major types of settings for the preschool handicapped classes: residential, home, and center.

Review of the LEEP data, which were used as the basis for sampling, show that 5 of the LEA programs use the home-based format, 46 use the center-based format, and 14 use a combination of the home-based and center-based formats. During the course of the study, the evaluators learned that in a few cases center-based teachers also serve some children in home-based settings.

Residential settings. The residential program is located in an institution. In addition to offering an array of medical and related services in a hospital setting, the residential program typically consists of an elaborate education component. A staff of teachers, aides, and therapists provides services to the handicapped preschoolers on a one-to-one basis. Rarely do the children in these settings return to the home and/or school environments. The staff is quick to point out, however, that the institution, particularly the education component, is not "simply a place where kids come to die." None of the 65 LEA preschool handicapped programs is located in a residential setting, although there are a number of such settings in which handicapped preschoolers are receiving education services. For complete information on these settings, see Appendix B. The LEA programs are situated in a center-setting (a school, special education center, or nursery-school, for example) or a home setting. As acknowledged earlier, the differences between the LEA programs and the residential programs resulted in the exclusion of the residential facilities from the sampling framework.

Home-based settings. The home-based setting is the only program option typical of four LEA programs and an option in combination with the center-based program in 14 LEAs. In these programs, the teacher, and on some occasions the therapist or adapted physical education teacher, travel to the individual child's home for a session lasting approximately 60 to 90 minutes once a week. In some cases, the teacher sees a child in a nursery or daycare center, instead of the child's home. With a trunk laden with instructional materials, texture samples, and sometimes an ice chest with food samples, the typical home-based teacher drives to the homes of each of 12 to 15 children to deliver services on a weekly basis. At least one adult family member is required to be present during the home lesson. The home-based teachers were observed as they interacted with the parent, grandparent, or guardian. Teachers also left reinforcement work to be completed by the child under the direction of the parent. In some cases, even the siblings present watched and picked up some lagniappe in their own education.

Wide variety of home-based settings. The variety of homes visited by the home-based teachers varies from one extreme to another. At the upper end of the spectrum, there are homes like that of little Stephanie, a Down Syndrome child whose parents are well-educated, employed, and devoted to their family. Their home, a large, comfortable brick home with a nice expanse of manicured lawn, was equipped with a number of enviable adaptations designed with Stephanie in mind. A peek into the formal dining area revealed a choo-choo train with tracks that traversed two adjoining rooms and a locomotive onto which Stephanie hopped to demonstrate a ride. In Stephanie's room was a long mirror attached crosswise to the wall so that the child could watch herself as she moved from one area of the room to another. Below the mirror were tastefully designed wooden grips the father had built to permit the child to pull herself up to the mirror. An array of educational games and toys were found throughout the house. Even the back yard was equipped with special playground equipment, most of which the father had designed. During the parents' working hours, a nanny came to the home and cared for little Stephanie.

More toward the middle of the spectrum was the home of

Daniella, a child whose mother was in prison and whose grandmother was caring for her and her two brothers. The family lived in a spacious, clean trailer in a rural trailer park. When the evaluators and the teacher entered the dirt driveway that wound through the small park, a couple of stray dogs moved lazily out of the car's path. When the car was parked in front of the family's trailer, the trailer door opened. Out came two barefooted boys, who for unexplained reasons, were not in school this particular day. Daniella and the grandmother, who worked as a night-shift attendant at a mental institution, waited inside. The teacher unloaded her store of materials, which today included an iced down container of Cool Whip. When the teacher and the evaluators went into the trailer, the grandmother greeted them warmly and picked up Daniella lovingly from the sofa. The teacher then worked to position Daniella in a specially adapted tripod corner chair. The loan of the corner chair had been arranged by the teacher with the help of the Handicapped Children's Organization. As the teacher began a series of warm-up therapy exercises that a physical therapist demonstrated for her to use with Daniella, the grandmother made mention of some toys the teacher had left the week before for the grandmother's use in working with the child. No other toys were observed in the trailer. The toys the grandmother and the teacher talked about were, as the teacher explained, to be used to encourage Daniella to extend the arms, reach, grasp, and to move the hands toward the mouth to promote self-feeding habits. The evaluators watched with great interest as the teacher, who was now seated spread eagle in the middle of the floor in front of Daniella, dipped the child's fingers into the chilled Cool Whip and then gently pushed the child's hand to her mouth. The teacher used her other hand to pry open the child's mouth so that the child could taste the Cool Whip. After some short-lived resistance, the child appeared to like the taste. The teacher patiently and methodically repeated the same motion with the child, while continually talking pleasantly to her. Although she could not respond, she seemed to thrive on the positive, gentle language bombardment. At one point the teacher encouraged the child to do the movement independently. She held a speech mirror in front of the child so that the child could, with some difficulty because of poor head control, watch her own feeble attempts to get the Cool Whip from the container to her mouth.

As the teacher continued to work with the child, from time to time steadying her in the corner chair, the two barefoot brothers slipped into the room and played with some of the toys the teacher had brought. The teacher interacted with them, telling them she would leave some toys on loan again, and also encouraged them to work in specific ways to get Daniella to hold up her head, look into a mirror, and move her hands and arms toward her face.

While this went on in the den area, the grandmother, who was cooking a hot lunch in the adjacent kitchen area, explained that at one time Daniella had been a beautiful, bright baby with no problems. Then she became ill with fever, and ultimately spinal meningitis, which left the child speechless and her body drawn and misshapen. The grandmother went on to explain briefly the burden she had accepted willingly when her daughter had been sent to prison. She spoke of the difficulty she had in tending to the care of the children when she had to work...and of the services the family received from the preschool handicapped program and related support agencies--services that she could not afford in the private sector. The most striking thing about the grandmother was her attitude of love and devotion toward the children, especially Daniella. Even with obviously limited means, she was doing her best to provide for the children, who seemed indubitably to be her number one priority.

At the lower end of the spectrum are the home settings that the evaluators sometimes visited, but more often had described to them by the home-based teachers as they had not been successful in convincing the parents that it was all right to allow two white female people from "the state" to accompany them on their visit to the homes. Two teachers, one black woman and one white woman, told the evaluators that some of the mothers were suspicious of strangers who might be "welfare checkers." The evaluators were told that some mothers cohabit with men or have several lovers, a factor that could jeopardize their welfare payment if discovered.

When accompanying the teacher to these types of homes, the evaluators were advised to dress comfortably, to be prepared to climb a mud hill to get to one home or to ride a pirogue (a kind of canoe) to get to another, to bring a stool or folding chair to sit on or to be prepared to stand during the 90-minute session, and to be prepared to encounter some skepticism about the purpose of the visit. The evaluators were advised to expect some very odiferous home environments, some of which might be nauseating. They were also forewarned that upholstered furniture should be avoided because of the possibility of lice, fleas, or rats. Finally, they were apprised of the possibility of the less-than-sanitary living conditions and the presence of friends or lovers in the home at the time of the visit.

While the evaluators did not observe any homes that could be called filthy or unsanitary, they did observe some very cramped living conditions. One home, for instance, consisted of two small rooms with a curtain dividing them that did not reach the floor. The air was stale. The furniture consisted of two beds covered with ragged quilts and a broken straight-back cane chair. The teacher had brought along a large oil cloth which she spread on the floor to sit upon while working with the child. When they went outside to the narrow expanse of virtually grassless yard between the house and the gravel road, two children from neighboring houses peeped from behind the corner of the house and giggled nervously as they watched the teacher work with the child.

The evaluators watched with interest as the teacher tossed a medium-sized rubber ball to the young boy. Each time the teacher threw underhanded the child laughed and attempted to catch the ball. When, however, the teacher raised her arm to throw the ball overhanded, the child flinched, hiding his face with his arms and hands. The behavior was repeated each time the teacher tried to toss the ball overhanded. The evaluators couldn't help but wonder if this were a defensive behavior that may have resulted from the child's being struck by someone.

The teacher continued to play with the child until a car drove up. A social worker who had come to take the grandmother, who had responsibility for the child, to the doctor. The grandmother was advanced in years and had had a stroke that left her with minimal speech capacity. Upon the social worker's arrival, the teacher gathered her materials and gave the grandmother instructions for activities with the child during the coming week. The teacher offered to leave a musical toy that the boy seemed to particularly enjoy until she returned for his next session. Obviously delighted, the child took the toy and waved goodbye to the teacher.

Teachers shared home-based experiences. Once rapport had been established with the home-based teachers and confidentiality had been assured, they shared some intimate details of their home-based experiences with the evaluators. One teacher talked about her suspicions that persons in one of the homes to which she was assigned were using drugs. Surely enough, one day just minutes after the teacher left the home, the town police staged a drug raid that resulted in several arrests. The teacher asked what would have happened to her had she still been in the home at the time of the drug raid. She said she had nightmares about reading newspaper headlines that read "Preschool Handicapped Teacher Arrested in Local Drug Raid."

Another teacher talked about routinely having to step over a sleeping drunk on the front porch of one of the homes to which she was assigned. The same teacher also described one particularly frustrating home situation, in which the child she was teaching lived in an abandoned hotel with her mother and the mother's lover. During the colder months of the year, the teacher had to take the child from the hotel, which had no heat, electricity, or water, and put her in the teacher's car. While the car's motor was kept running to keep the child and the teacher warm, the teacher proceeded with the week's lesson. The teacher explained that early on, the lover, suspicious of her purpose in coming to the home, had confronted her on the steps of the rundown hotel. He had brandished a pistol and questioned her at length about her reason for coming to see the child. The teacher, understandably shaken after the experience, conferred with her father, who happened to be the sheriff. With his assistance, the teacher convinced the lover of the legitimacy of her visit. For some time thereafter, the sheriff father patrolled the vicinity of the abandoned hotel each time the teacher was scheduled to make her visit to the child.

Another teacher took the evaluators to a daycare center where one of her students had been placed. The child, a 4-year old boy, had been burned with cigarettes and a clothes iron all over his back by his mother. The child had been removed from and subsequently returned to the home on three separate occasions. Each time the cycle of abuse had been repeated. Finally, the child was taken from the mother, and a search for adoptive parents was initiated. On the particular morning of the evaluators' visit to the daycare center, the little boy was visiting in the home of a family the teacher hoped would agree to adopt the child. She confided that the child had experienced one rejection by a perspective family before.

Another teacher related her experience when called upon to testify in court cases about child neglect and abuse. She expressed concern about the extra burden that this placed on the teachers, and indicated that more often than not, children were neglected rather than abused. She noted that this was particularly true in the area of language stimulation. This was interesting in light of the number of children in the program reported to have any language delays or speech problems. It suggests that a significant number of the children have sociofamilial type delays or handicaps as opposed to biological, physiological, or genetic handicaps. It also carries major implications for early intervention for parent education and training. Some teachers also raised questions about the legal responsibilities and liabilities of home-based teachers who are asked to testify in child-abuse or child-neglect cases.

And finally, one experience that remains firmly implanted in the evaluators' memories involved a teacher's visit to a poor home in less than sanitary conditions. When the teacher sat on an old upholstered sofa to begin the lesson, rats (not mice, she stressed) surfaced and scurried across the sofa and across her. She said she still remembers screaming and running for the door. As she did so, the child cried out, "Where you going, teacher? They's just rats." The teacher did return to this home and served the child. Her tenacity paid off, for the evaluators were able to observe this child with thick, brown curls and beautiful dark eyes in the kindergarten class in which he had been placed. Not only did the child perform well enough to be placed in a regular kindergarten class, but he was an anchorman in the top kindergarten class. As the evaluators watched him in action and listened to his kindergarten teacher praise his work, it was apparent how successful the home-based teacher's early intervention had been. His pretty face broke into a happy grin as he peeked over the top of a book he was reading. With his cry of "Where you going, teacher? They's just rats," still echoing in their ears, the evaluators felt that nothing, rats or anything else, could stop this child from achieving.

Advantages of home-based settings cited. Despite the number of unusual, frustrating, and sometimes dangerous experiences the home-based teachers shared with the evaluators, the one advantage of the home-based setting consistently cited was that of parent involvement...involvement, not only in the observation of or participation in the teacher's lesson each week, but also the involvement in follow-up, follow-through, and general reinforcement. The teachers reported that most parents, even those with limited mental ability, seemed anxious to learn how to help their children learn. The evaluators watched the teachers show parents, and in some cases other family members, how to use ordinary household items such as pots and pans or silverware to teach the handicapped children. They observed the teachers demonstrating positioning, feeding, and toileting of handicapped children for the parents. During the course of the home-based visits, the evaluators observed the consistent interaction between teacher and parents. Not once did the evaluators fail to see the teacher leave specific instructions with the parents about things they should do with the child in the interim between the weekly home visits. Nor was it uncommon for the parents to seek information from the teacher about a variety of things, including related social or medical services.

Disadvantages of home-based settings cited. The major disadvantage of the home-based setting reported by the teachers was the children's lack of opportunity to acquire socialization skills. In an effort to combat this problem, some of the teachers reported having seasonal parties or picnics to pull all the children and the parents together in a pleasant social setting.

Center-based settings. The third major type of setting in which preschool handicapped programs are operating is described as center-based. This setting is more aligned with the traditional school setting than are the other program settings. Children are transported to the center or school setting by parents, regular school buses, or special education buses. The centers or schools may be any one of the following:

1) Special education centers serving only handicapped students of different ages
2) Preschool centers serving a) only handicapped preschoolers; or b) regular and handicapped preschoolers
3) Combination centers serving a) the preschool-through-third-grade student population; or b) the preschool-through-sixth-grade student population
4) Preschool classes at a) junior high schools; or b) senior high schools

When supervisors were asked to report the number of preschool classes for handicapped children in these different settings, they indicated that the classes are most frequently located at special education centers/schools, at elementary schools, or at special facilities housing only preschool handicapped classes. A fairly even, but lower, number of classes in other settings were reported by the supervisors.

The major factor that distinguishes one of the above from any of the others is the degree to which there is integration of the handicapped preschoolers with other students. It is interesting to note that while 31 percent of the teachers responding to the teacher questionnaire reported location of facilities as being problematic with regard to the integration of the preschool staff and students with the regular staff and students, only 12 percent of the school administrators saw it as a difficulty. While the isolated center serving only special education students or only handicapped preschoolers may be superior in the adaptations made in the learning environment with the handicapped in mind and in the concentration of permanently assigned professional ancillary staff, they provide few, if any, opportunities for the handicapped preschoolers to interact with normal peers. There are a few instances of centers or schools housing only handicapped preschoolers that face the same problem. The isolated handicapped preschool settings are generally a matter of necessity, not of choice. Administrators of K-3 and K-6 schools told the evaluators that lack of classroom space sometimes forces them to make the decision to relocate the handicapped preschoolers...and sometimes that relocation is necessarily an isolated setting, such as an unused cerebral palsy center.

Even the decision to relocate the handicapped preschoolers to isolated settings resulted in varying degrees of integration of the handicapped preschoolers and other children. The degree of staff integration, particularly as far as the classroom teachers were concerned, also varied. The evaluators learned that this factor--the lack of opportunities to interact with fellow teachers--was significant in the burnout some teachers experienced. While some administrators took care to involve the handicapped preschoolers in events like movies, picnics, and fieldtrips, others did nothing more than to show up at the isolated setting for the required teacher evaluation visits. Some of the administrators expressed feelings of frustration and inadequacy with that responsibility because of their limited knowledge about preschool education.

Locating the handicapped preschool classes on a K-3 or K-6 campus, however, did not guarantee integration of the children or staff. In some of these settings, the evaluators observed how the handicapped preschoolers engaged in free play with the regular children before school, went to meals and recesses with the regular children, and enjoyed the solicitous attention of the regular children on the playground and in the bathrooms. The teachers were able to talk to each other as they watched their respective charges in the cafeteria, in the bathrooms, in the hallways, or on the playground. Some school-level administrators and some LEA supervisors pointed out to the evaluators their recognition of the teachers' need to interact. Some also noted how the opportunity for the preschool handicapped teachers and the kindergarten teachers to interact facilitated the children's transition from the preschool handicapped program to the kindergarten program. They also pointed out that this communication increased the regular staff's understanding of and appreciation for preschool education for the handicapped.

In other K-3 and K-6 settings, teachers expressed frustrations related to the virtual isolation of their classes. Their children arrived after the regular children had already gone to their classes. The preschool handicapped classes went to the bathrooms, recesses, and meals by themselves. The teachers reported a great deal of frustration because they sometimes went all week without the opportunity to talk to their fellow teachers. They also reported sensing some hostility and lack of acceptance on the part of the other faculty members. The preschool handicapped teachers reported that other faculty members viewed the handicapped preschool program as "a babysitting service" and resented the low student/teacher ratio, the assignment of an aide to the class, and in some cases the abbreviated schedule which made it seem as though the teachers were working less than a full day. To compound the problem, the kindergarten teachers sometimes resented the placement of graduates of the program in their classes of 25+ with no aide. They also cited their lack of training in how to deal with children whose needs were so special that the year before they had required a 6:1 student/teacher ratio, a full-time aide, and an array of professional ancillary staff.

Preschool handicapped classes located in junior or senior high school settings tended to be more isolated than those in the other settings. However, in some instances the older students were solicitous toward the handicapped preschoolers when they did come into contact with them. One teacher pointed out that some older students would occasionally come into her class and help with the children. She felt that it not only helped the preschoolers, but that it was a good experience, a good exposure for the older students.

Administrators in the junior and senior high settings did acknowledge that initially there had been a low level of acceptance on the part of some of the staff and some question about the appropriateness of placing such young children in these particular settings. In some settings, the program has earned acceptance, while in others, there is still a problem of isolation. In some settings, the preschool handicapped teachers report feelings of frustration about the hostility and resentment they sense in their colleagues. They feel that misinformation or a lack of information about the children and about what is going on in the program is a primary reason for this.

It should be pointed out that in some of the junior and senior high settings, the handicapped preschool program has been accepted warmly. The administration, staff, and students have taken "the babies," as they refer to the handicapped preschoolers, under their wings. One high school principal stated that he enjoyed having the children in his school. He said that if a teacher didn't "love" having the children in his school then the teacher had better find another school.

Facilities housing the program. The range of facilities housing the preschool handicapped program runs the gamut from elaborately equipped, specialized centers to older temporary buildings cooled by noisy window unit air conditioners. Although at a disadvantage in terms of integrating the handicapped preschoolers and normal children, the specialized facilities tended to be superior not only in the number, variety, and appropriateness of instructional materials, but also in the specialized equipment provisions, architectural adaptations, playground areas and equipment, and concentration of professional ancillary services. Facilities in this category were characterized by an abundance of instructional materials that included sensory stimulation kits, specially designed fine and gross motor materials and equipment, child-sized bathroom commodes and sinks, water fountains with steps and protective bannisters, brightly painted hallways to aid the visually impaired, soft and cozy provisions in the learning environment, bathrooms in or adjacent to the classroom, specially adapted eating and drinking utensils, tripod corner chairs, podium chairs and tables, body positioning moulds, vestibular swings, child-sized and adult-sized rockers, mercury switches, ramps, railings, wheelchair bowls, mirrors, individualized grooming cubbies,...and the list goes on. Frequently, the professional ancillary staff had specific work areas set aside for them, with an array of materials and equipment located in their assigned areas. The evaluators noted with interest that the majority of parents whose children were being served in these centers expressed their desire to have their children continue their education in the center setting. During personal interviews, some parents made known their aversion to placing the handicapped preschoolers in a regular school setting where "children can be so mean." They repeatedly expressed satisfaction in knowing that their special education children were in a secure environment away from the pangs of hurt normal children might inflict upon them.

While the center setting has a number of distinct advantages, such settings have problems of their own. Even though some of the centers are the result of extensive rennovation efforts directed by knowledgeable, devoted administrators who personally see to it that the centers are tailored to meet the needs of handicapped children, other centers are on temporary loan from other organizations. This may cause a problem in determination of responsibility for the maintenance and upkeep of the building and grounds: the local school board or the organization that owns the building. Such a situation poses a real dilemma for teachers when they cannot take their children outside for gross motor activities, free play, or recess because the play area is choked with three-foot-high weeds that both the local school board and the owning organization refuse to cut.

In the middle of the facility spectrum are the more traditional classroom settings. These settings are generally adequately equipped; indeed, only one teacher interviewed complained of inadequate materials. The facilities are generally well-maintained and spacious. While some effort has been made to adapt the learning environment to meet the needs of the handicapped preschoolers, the adaptations are generally not as sophisticated or as widespread as those in the centers serving only handicapped youngsters. Adaptations in these settings, for example, might include a step box at the base of an adult-sized commode or in front of a water fountain in lieu of child-sized urinals or water fountains with an automatic "belly pusher."

It should be noted that some of the handicapped preschool classes in such as these do have appropriate bathroom facilities located in or adjacent to the classroom. In some of these settings the school-level administrator exhibits a great deal of interest in the preschool handicapped program. One, for example, kept the preschool handicapped teacher in mind when some clean-up work was being done. He personally went through some supplies found in an unused classroom and picked out a number of things he thought the teacher might use with the children. He had been a regular visitor in the classroom, and was cognizant of the activities the teacher used with the children.

At the opposite end of the spectrum are classrooms, some of which are located in regular buildings and some in older temporary buildings, requiring a great deal of imagination and hard work on the part of the teacher to make the available space a positive, functional learning environment. Not only are the children in a relatively confined area, but there are few provisions for softness and coziness in the environment. In these settings, access to the classroom is often difficult for the handicapped preschoolers, and access to bathrooms is even more difficult. One aide, for example, was observed picking up a hefty thirty pounder and rushing, at a half-gallop, the entire length of a building to get the child to the bathroom before he soiled himself. Bearing in mind that many of the children are being toilet trained, one can appreciate the difficulties the staff might have trying to train six handicapped toddlers using a bathroom halfway across campus.

Also, in these settings, the design and use of different learning centers and separation of quiet and noisy areas were difficult. Minimal storage space, both open and closed, contributed to the arrangement problem because instructional materials could not always be effectively organized, displayed, or used by the teacher or the students.

In most of the settings in the last two categories, the professional ancillary staff was not assigned full-time to the preschool handicapped program, and consequently, did not always have a satisfactory working area. Staff members interviewed told the evaluators that they sometimes worked with children in stairwells, in areas adjacent to the band's practice room, or in any space available. The evaluators observed a speech therapist working with a child in a book storage room, and an adapted physical education teacher working with a group of five children on a stage in the school auditorium. Fifty-three percent of the supervisors and 46 percent of the professional ancillary staff responding to the role-specific questionnaires indicated that lack of appropriate working space for the therapists, APE teachers, and nurses is a problem.

Some of the professional ancillary staff assigned to the handicapped preschool classes, finding themselves without an appropriate working area, made arrangements with the preschool teacher that permitted the two of them to work in a situation similar to team-teaching. Under this arrangement, the teacher and the professional ancillary staff member worked in the classroom at the same time. It appeared to be very effective in the cases observed by the evaluators. Children who were to receive therapy remained in the classroom, and the therapist worked with individual children within the superstructure of activities set by the teacher. In addition to keeping the children in the mainstream of class activities, this arrangement gave the teacher and the therapist opportunities to discuss the children's progress. It also gave the therapist the chance to show the teacher some things she should or could do with individual children on a daily basis when the therapist was not present. There was no indication that the therapist expected the teacher to administer therapy; he did, however, offer some suggestions or hints to get a child to use a specific hand to grasp, to reach, or to balance, or techniques to encourage a child to move his limbs or head in specific direction. Nonetheless, some supervisors have expressed concern about the liability issue in therapy services. They prefer documentation through written prescriptions from qualified doctors and provision of services through a designated, licensed therapist. The supervisors raising the issue indicated more concern about physical therapy than about occupational therapy.

The Preschool Handicapped Program Staff

Regional coordinators. The State's preschool handicapped program is coordinated on a statewide basis by eight regional coordinators who are charged with the responsibility of providing technical assistance to teachers working in the early childhood program for handicapped children. These eight coordinators constitute a major dissemination network that carries critical information about pertinent legislation, program guidelines, research, and professional development to the program staff statewide. In addition to serving as a major communication link between people and state-level personnel, the coordinators publish and distribute newsletters containing a variety of information valued by the program staff, especially the classroom teachers. The evaluators learned from teachers that the coordinators' newsletters were some teachers' major source of information. The teachers also reported receiving one-on-one assistance in working with their children on-site from the coordinators. A number of teachers reported that the coordinators were instrumental in linking the teachers, children, and families of the children with agencies that could provide related services to the handicapped preschoolers and their families. Parents and teachers reported that the coordinators were also helpful in getting special equipment or devices needed by some of the children. Parents reported that the coordinators, as well as teachers, furnished them with information about different handicapping conditions and local, state, and national support groups for parents of children with different handicapping conditions.

Regional inservice sessions on topics of interest to the program staff are also arranged by the coordinators. The coordinators keep their fingers on the pulse of teacher interests and concerns. Their familiarity with issues, concerns, and interests help make the annual summer institute for program staff a popular event, with participants from across the state.

Perhaps one of the most important things accomplished by the coordinators, one noticed and appreciated by state and federal managers and by researchers, is their on-going data collection. Their closeness to field personnel on a regular basis enables them to maintain accurate data records and to note trends in enrollment, staffing, and other areas that have importance in program management and improvement.

The LEEP coordinators provide program networking and sharing of information statewide. In providing data to the evaluators, they demonstrated their closeness to the program, staff, parents, and children. Their data are some of the most accurate available in the state. Staff persons, supervisors, administrators, teachers, and parents all viewed the coordinators in a positive light.

Local special education supervisors/early childhood coordinators. On the local level, special education supervisors or early childhood coordinators are responsible for the program in the broad areas of management, finance, and personnel. In a number of interviews, the supervisors indicated that they also served as a liaison with community organizations. In this role, the supervisors speak at organizations' meetings and disseminate information about the special education program, including the preschool handicapped program. Some supervisors also noted that they devote a substantial amount of time to working with parents. In this role, the supervisors counsel parents of new enrollees or children referred for screening or evaluation. They direct the coordination of services, including that of pupil appraisal, within the program. In some cases, the supervisors reported that they help parents contact related agencies that provide assistance and services to handicapped children and their parents.

School-level administrators. Moving from the local education agency level to the school level, one finds the school administrator or principal next in the organizational hierarchy. Generally, the administrator is located on the same site as the preschool handicapped classes; however, in a few instances, this is not the case. When lack of space forces the location of the preschool handicapped classes in an isolated setting, the administrator of a school may be assigned the responsibility for the preschool handicapped classes at another site. The evaluators were told that administrators such as these rarely have time for anything except the compulsory evaluation visits. Some teachers did indicate that their assigned principal made regular attempts to include the preschool handicapped classes in activities going on at the "home school."

Among the school-level administrators interviewed, a number indicated that they were not comfortable with the responsibility for evaluating teachers working in an area with which the administrator was basically unfamiliar or untrained. This reaction differed markedly from that of the principals of special centers housing the preschool handicapped classes. The evaluators observed that the administrators in these settings were close to the preschool program and played an active role in the design and maintenance of the facility, as well as the development and implementation of instructional plans for the children.

Pupil appraisal personnel. Other staff serving the handicapped preschoolers included the pupil appraisal team, which typically consisted of a psychologist, an assessment teacher, and a social worker. Depending upon the individual child being evaluated, the team might also have a speech therapist, a pediatric neurologist, or other professional staff for a specific evaluation. In one case, the evaluators learned that the speech therapist was responsible for the initial evaluation. In this instance, a child may not be seen by pupil appraisal personnel at all.

Typically, the pupil appraisal team was charged with the responsibility for conducting a full evaluation on each child referred to it and ultimately explaining the results of that evaluation, including recommendations for placement, to the parents of the child, and in some cases, to the receiving teacher.

One concern voiced frequently by the pupil appraisal personnel interviewed by the evaluators was that of inadequacy in evaluating children in either the 3- to 5-year-old or the birth to 2-year-old category. Evaluators were told, for example, that it is not uncommon for a pupil appraisal staff member to test a child several times with different instruments in an effort to document the child's eligibility for services. This is done to provide the required documentation of developmental delays about which the appraisal staff member has a "gut feeling." As far as the evaluators could tell, this resulted from the staff's reluctance to deny services to a child they felt needed services and could benefit from the preschool handicapped program. This, of course, has significant implications for both the costs of providing appraisal services and the costs of providing the array of program services to children.

As one might expect with such young children having varying exceptionalities, approximately 30 different instruments were reported to be in use for the evaluation of the 3- to 5-year-old children, as either screening or evaluation instruments. The use of so many different instruments and, in some cases the use of several different instruments with the same child, raised two questions: (1) What are the cost implications related to testing materials and staff time? and (2) What are the training implications for the pupil appraisal staff in the assessment of 3- to 5-year-old children?

It should be pointed out that some program staff, supervisors in particular, felt that the issue of assessment of children in the 3- to 5-year-old category is less of a problem when an LEA is fortunate enough to have a pupil appraisal unit whose sole responsibility is preschool evaluation.

The primary difficulty cited by the pupil appraisal personnel responding to the role-specific questionnaire was that of delays in getting medical information on children referred for evaluation. While 58 percent of the respondents cited this as a problem, 44 percent indicated that interpretation of the medical records was difficult. Almost half the pupil appraisal personnel responding indicated there are problems in integrating the exceptional children and the regular children.

Child search coordinator. The person whose responsibility it is to find the children whom the pupil appraisal staff evaluate is the child search coordinator. This person conducts activities designed to find children who might be eligible for program services. The evaluators found that, in some LEAs, this might be a full-time job, while in others it might be coupled with responsibilities as a supervisor or pupil appraisal staff member. When the child search coordinators were asked what percent of their time was spent on child search, the responses ranged from 2 percent to 100 percent. In at least one case, child search or child find is the designated responsibility of a committee of central office persons. In another LEA, whose special education supervisor is also the child search coordinator, the evaluators were told by the supervisor that the teachers shared the responsibility for child find. Their role included disseminating program information to people in the community by speaking at civic meetings and publishing both newsletters and an information brochure about the program...always highlighting the different criteria that might make a child eligible for services.

Teachers and aides/assistants. The children in the preschool handicapped program are served in the classroom by at least one teacher and one aide or assistant. The individual education plan (IEP) for each child is the responsibility of the classroom teacher. The general education plan for the class encompasses fine and gross motor skills; acquisition of receptive and expressive language; creative activities like art, music and movement, dramatic play, block play, and sand and water play;

reasoning and other cognitive skills; building a vocabulary and basic language concepts; self-help skills in the areas of eating, dressing, grooming, and toileting; socialization; and development of school-appropriate behaviors.

Modes of teacher/aide operation. There are basically three types of teacher/aide operation modes in the classrooms. In the first, the teacher develops the educational plans and directs the implementation of the plans by the aide(s). She also coordinates the IEP conferences and works directly with parents as individual cases warrant. In this mode of operation, the teacher is essentially a manager.

In the second mode of operation, the teacher develops the educational plans for the class, but both she and the aide work to implement the plans with the class and with the individual children. In this mode of operation, the teacher and aide share the instructional responsibilities, and frequently the teacher will share the additional responsibilities associated with feeding and toileting.

In the third mode of operation, the teacher develops and implements the educational plans for the class. The aide or assistant has a minor support role in the area of hands-on instruction. Her major responsibilities lie in the areas of feeding, toileting, and general housekeeping.

In interviews with the teachers, the evaluators learned that they felt very little in their training had helped them in their role as teachers in the preschool handicapped program. Most cited the actual experience in the preschool program as the most helpful, although some reported raising their own children and observing normal developmental cycles or stages as very useful. Many teachers indicated that more actual contact with handicapped children would have improved the quality of their training. Suggestions that more field experiences in handicapped learning environments, especially practicum-type or clinical experiences, be an integral part of the teacher training program were common.

Teachers discuss burnout. Very few teachers reported having experienced burnout, except for short-term seasonal burnout. Among those teachers who did report serious burnout, most attributed it to repeated assignment to classes for the severely/profoundly handicapped. One teacher in her third year in such a situation told evaluators that her request to be moved to another class, perhaps one including mild/moderate conditions, had been denied. She went on to say that she had taken a part-time job in another field as one means of escaping her frustrations. Acknowledging that her burnout had reached a critical point, she shared with evaluators her intention of leaving the teaching profession at the end of the school year. She told the evaluators that she believed rotating her teaching assignment would have prevented the extreme exhaustion and depression she had experienced, and might have kept her in the teaching profession.

The other most frequently cited reasons for burnout were the sense of isolation or lack of opportunity to share experiences with colleagues, lack of opportunities for professional growth, and excessive paperwork. The teachers indicated that opportunities to learn from the experiences of colleagues in the same field or to grow professionally would probably serve to alleviate their sense of burnout, as would a reduction in the paperwork load. Some teachers said it would help to have some sort of hotline that they could use as a sounding board, or to find out if they were doing everything they could do for a specific child. The teachers said that the LEEP coordinators would serve them well in this capacity.

The quantitative data revealed that more than half the teachers working in the program had experienced some form of burnout. However, only three percent of those reporting burnout indicated that they had experienced major, long-term burnout. The factor that was cited most frequently as the primary contributor to burnout relates to the teachers' emotional involvement with the children and the parents being served by the program. The teachers reported that they are unable to "leave" these children, their problems, and their needs at school at the day's end.

The evaluators noted that most teachers of the severe/profound who were not burned out did have some excellent opportunities for professional growth. One example of professional growth that seemed to have thwarted teacher burnout was the teachers' attendance at national conferences where the latest research on genetic anomalies, physical and mental handicapping conditions, maintenance-of-health procedures and implications, and related teaching methodologies was presented. The evaluators observed teachers who took pride in being well informed about the latest educational research and were putting to use what they had learned at the conferences.

The evaluators also noted the difference in the degree of satisfaction between teachers who were in an isolated setting or, by virtue of the school-level arrangements, were "alone in the crowd" insofar as their interaction with other faculty members was concerned and teachers who were located near or adjacent to other preschool handicapped classes. The opportunity to draw upon each other's experiences, to provide each other with some reassurance, and to otherwise help each other seemed to boost morale and increase job satisfaction among the latter group. One supervisor, noting that she had become well aware of the importance of this camaraderie among preschool teachers from her own experience, told evaluators she always kept this factor in mind when assigning her teachers. She felt that it had had a positive impact, and she noted with pride that she had no turnover.

Since the bulk of paperwork most of the teachers had to complete resulted from program guidelines, the evaluators were not able to observe teachers in any one program that had significantly less paperwork than others. The evaluators noted that some supervisory personnel used computers and LANSER to expedite their paperwork. One supervisor, for example, told the evaluators that he would have to hire a full-time assistant to complete the monthly paperwork were it not for the computer and LANSER.

Aide burnout. None of the aides interviewed acknowledged any feelings of burnout. However, one supervisor told evaluators that he had observed burnout in the aides. He went on to say that he had some concern about how the burnout affected the aides' attitudes toward the children and the way the aides worked with the children. He was quick to point out that he did not suspect abuse, but rather a neglectful attitude toward the children (not changing a soiled diaper right away, for example), a terseness in the way children were addressed, or a less-than-affectionate, irritable, impatient manner of handling the children that bordered on being "rough."

The evaluators were able to observe some of this behavior, but were unable to determine if it were due to burnout or to the personality of the aides in question. One thing the evaluators did observe was the tendency of aides who worked along with the teacher or under her direction in the implementation of the children's lesson plans to be more pleasant and apparently more satisfied than those whose responsibilities were limited to toileting the children, preparing snacks, or general housekeeping. The evaluators watched one aide whose primary responsibility was to potty the children all day long. She was quiet and withdrawn, and appeared reluctant to work with the children. It appeared that she did not enjoy her job or the children.

On the other hand, there were aides who worked along with the teacher. The evaluators observed two such aides, whose responsibilities at one time had included the intermittent catheterization of two spina bifida children. The aides expressed a sense of pride and satisfaction in their provision of this critical service to "children God could have given to anyone." When the two spina bifida children moved into kindergarten after completing the preschool handicapped program, the aides assigned to the kindergarten class refused to perform the catheterization. The two preschool aides, obviously attached to the children and dedicated to their role in meeting the needs of children such as these, accepted the responsibility of performing the catheterization twice a day on each of the two children. The catheterization involved taking the children in their wheelchairs to the faculty restroom, maneuvering the wheel chairs close to the door, lifting the children (each of whom weighed approximately 80 pounds,) out of the wheelchair onto the commode seat, performing the catheterization, lifting each child back into the wheelchair, and taking the children back to the kindergarten class. This entire procedure was performed twice a day for each child by two aides who performed the task willingly and lovingly...and who were paid less than the kindergarten aides who refused to perform the procedure.

The reader is reminded that the above task was in addition to the full load of responsibilities assigned to the aides in the preschool handicapped program. It should also be pointed out that the catheterization did not always go according to plans. The special velcro or snap panties the children wore sometimes dropped down into the commode or became soiled with urine, which meant that the aides had to lift the child into the wheelchair, take the child to the preschool handicapped classroom where a low art table served as a changing table for the kindergartners, remove the braces on the child, change the panties, put the braces back on, lift the child back into the wheelchair, take the child back to the kindergarten class, and lift the child out of the wheelchair and into her seat at the desk or work table. The preschool handicapped teacher also pointed out that the aides also had to manually assist the children with bowel evacuation at times.

Interviews with the aides revealed that some of them had taken the aide position because they "needed a job." Others, however, had moved into the position after working as a volunteer or substitute in the preschool program or another special education program. Two of the aides interviewed shared with the evaluators their intentions of going back to school to become certified teachers of preschool handicapped children. A number of aides raised questions about their training and wondered why "the state" was no longer providing such training.

Professional ancillary staff. A diverse core of professional ancillary staff, including speech therapists, physical therapists, occupational therapists, adapted physical education teachers, and nurses also serves children in the preschool handicapped program. However, not all LEA programs provide all services. Supervisors indicated that cost may be a factor, but availability of qualified, certified or licensed personnel is a big deterrent to offering some services. Fifty percent of the supervisors surveyed indicated that it is difficult to secure the special services of physical therapists, occupational therapists, and speech therapists, while 42 percent indicated that they had difficulty in finding qualified or trained staff to serve the handicapped preschoolers. The service delivery models are as diverse as the LEA program themselves. Some programs, for example, have a full complement of professional ancillary staff; others have only speech therapists, or speech therapists and adapted physical education teachers. Any combination of the five service providers is possible.

Some programs hire full-time permanent staff to provide services to just the preschool handicapped children; some hire full-time permanent staff, but make the positions itinerant, and thus have the staff serve older handicapped children as well as preschoolers; and still others contract with private health organizations or hospitals, particularly for physical therapy and occupational therapy services. There are some programs that encourage parents to contact university affiliated facilities, doctors, and other agencies to secure some of the related services not provided by the program. If the services are not gratis, the parents are obliged to pay if they want them for their child.

One supervisor indicated that she felt it was necessary to have a doctor's prescription for specific therapy for any child. She contended that the legal implications of providing therapy under any other circumstances would be serious and that the provision of indirect therapy by staff members was tantamount to putting one's head on the chopping block and waiting for the ax to fall. (Direct therapy is provided by a licensed therapist. Indirect therapy is provided by a staff member who has received instructions from a licensed therapist.)

An interesting finding related to the provision of related services noted by the evaluators was that parents who felt their children might benefit from the related services shared with evaluators their belief that those services should be provided at no cost. Some parents had even taken steps to coerce the program personnel into increasing the length and frequency of therapy sessions. The evaluators could see that the parents interviewed only wanted what was best for their children. Some still harbored some hostility about having to fight for things they felt were due them and their children. A few expressed suspicions that the system was hiding things from them in terms of services the system maybe should have been providing but wasn't. However, it seemed that the majority of parents interviewed thought that professional ancillary services were like vitamins--more is better. Some indicated that their desire or demand for the services was based not on a professional assessment of the child's needs, but rather on their own "feeling" that the child would probably benefit from additional service or more of the service the child was already receiving.

The professional ancillary staff members who were interviewed, particularly the occupational physical therapists, told evaluators that their caseloads were increasing to the point that children had to be prioritized. There was no doubt that the therapists, most of whom were relatively young and very dedicated to helping children, would have liked to serve all the children. But in at least one program, the most severly/profoundly handicapped children were targeted for service delivery, while children with milder handicapping conditions were put on waiting lists or simply not served. One concern the therapists shared with the evaluators was that the prioritization resulted in their working with children who experienced the least demonstrable gain or no gain, while other children who would, in their professional judgment, benefit greatly and demonstrate significant gains could not be served. Of course, the obvious solution is to increase staffing. But the persons responsible for making and implementing the decision to increase staffing are faced with the shortage of qualified candidates, costs of additional staffing, and the dilemma of reconciling professional opinions with parental wishes/demands (not that the two are always contradictory to one another).

Work settings for professional ancillary staff. The setting for service delivery also varies across programs. In some programs, a separate room, sometimes fully equipped, is assigned to the professional ancillary staff. This was observed in different programs for each of the different professional ancillary roles. In some programs, the professionals had to use whatever space they could find. The evaluators saw one adapted physical education teacher working in a stairwell and on an auditorium stage; a speech therapist working in a book storage room; and a physical therapist working in an area about the size of a closet.

In other programs, the professional ancillary staff routinely work with the teacher in the classroom, cafeteria, playground area, or anywhere the class is working. The evaluators saw an adapted physical education teacher providing services to handicapped preschoolers on the playground during the gross motor period. They observed a nurse examining children's ears, throats, and eyes within the structure of a health lesson planned by the classroom teacher. They watched both a physical therapist and an occupational therapist fit their work with individual children into an activity planned for the class by the teacher. Not only did they work with the children in their usual learning environment, but they also communicated with the classroom teacher on a regular basis, making suggestions for follow-up activities and answering questions the teacher had about a specific child.

Forty-six percent of the professional ancillary staff surveyed reported lack of appropriate working space as a program difficulty. It was interesting to note that, while 41 percent of the supervisors and 53 percent of the teachers agreed that lack of appropriate working space for the professional ancillary staff was a problem, only 26 percent of the school-level administrators reported it as a program difficulty.

Bus drivers and attendants. In the area of transportation, bus drivers and attendants serve a number of the handicapped preschoolers. From the drivers and attendants, the evaluators learned that many of them are fond of the handicapped preschoolers and enjoy their role in transporting the children or caring for them while they are in transit. The evaluators also learned that some drivers own their own buses. Teachers and supervisors reported that when this was the case, some drivers were reluctant to transport the handicapped preschoolers because of problems with the drivers' insurance. Few of the drivers who own their buses said they could afford the cost of special adapted seats and other equipment that would make the children's travel safer and more comfortable. Despite their complaints about transportation time and lack of air-conditioned buses, parents generally expressed satisfaction with the drivers and attendants. One driver even reported that on occasion he had to take one handicapped child home with him for a couple of hours because the child's parents are not at home when he stops to drop off the child. A parent reported some initial anxiety about having her small child transported on a bus. Her anxiety was compounded by the fact that the child was transported to a central shuttle location, transferred to another bus, and then taken to the preschool site. Not only did the logistics of this arrangements worry the mother, but so did the possibility of a kidnapping attempt by her ex-spouse. She told evaluators that after several days of following the bus and observing the close supervision given the children by the staff, her fears were allayed.

Volunteers serving the program. A review of related literature led the evaluators to believe that volunteers would play a major role in the provision of services to the handicapped preschoolers. However, when the teachers were asked about volunteer participation, very few indicated that volunteers played a role in the program. A few teachers remarked that grandparent volunteers worked with the children, sometimes helping with general supervision and sometimes tutoring individual children in areas such as fine motor skills.

One administrator reported that she had been able to persuade some high school students to come into the preschool handicapped classes for a "helping" visit. She laughed when she told the evaluators that she used the visit as a means of "hooking" the high schoolers. As a result, the handicapped preschoolers enjoyed the tutorial and other services of these students for the rest of the school year.

Several administrators and teachers reported that volunteers sponsor seasonal parties for the classes and that some assist with fieldtrips. Both teachers and administrators reported that parent volunteers frequently help with fieldtrips. They also told the evaluators that it is common for different civic organizations to treat the children to a visit from Santa Claus at Christmas, a visit from the Easter bunny at Easter, or to any variety of goodies and fun at other holiday times such as Valentine's Day, St. Patrick's Day, Thanksgiving, or Halloween. As a matter of fact, one preschool class visited by the evaluators was treated to a day at a farm, a visit that was topped off with a twilight hayride.

Digging a little further, the evaluators learned that some attractive, sturdy playground equipment at one site was the result of one organization's contributing materials and another organization's providing labor. An administrator at another site shared with the evaluators information about contributed resources that ran into thousands of dollars, resources that had made possible the rennovation of the facility where the preschool handicapped program was housed. The evaluators found it interesting that these things do not generally come to mind when program personnel are asked about volunteers or contributed resources in general. There is no apparent effort to conceal such information; indeed, program personnel talk enthusiastically and appreciatively about the supporting organizations. However, the tendency for these things not to come to mind is a signal that evaluators need to explore such areas carefully.

At many of the sites visited by the evaluators, bulletin boards displaying pictures of these parties and fieldtrips caught the attention of passersby. There were pictures and newspaper clippings describing the trip, the children, and the sponsoring organization. The frequency of these outings and the visibility of the handicapped preschoolers in the community suggest, as one administrator said, that social change has occurred, that people have begun to show a higher degree of acceptance toward the handicapped children, that staff and normal students in the learning environments are more tolerant of and solicitous toward the handicapped preschoolers, and that there is a greater degree of integration of handicapped children in the community mainstream now than there has been in the past, especially before the establishment of the preschool handicapped program statewide. The evaluators observed some actual incidences of integration within the school setting and in the community. Within the school setting, the evaluators observed a number of preschool handicapped classes that went to recess or gross motor periods with the regular kindergarten classes.

Playground cameo

I recall with considerable discomfort the feeling of anxiety and mild shock I experienced when I walked along side the wheelchair of one child as the class made its way outside the corridors to the outdoor play area where the entire elementary school population was playing. I grimaced, thinking how dangerous it was for those handicapped babies to be thrown into this milieu with so many older, stronger, and faster-moving kids. My anxiety was only heightened by a fight involving four boys that erupted and went unnoticed by the teachers and aides who chatted with each other in the shade of the building eaves on the perimeter of the play area. As my heartbeat increased and every nerve in my body tingled from being put on an alert to expect the worst, I observed a handicapped preschooler approaching the big silver slide in the middle of the play area. Obviously a favorite piece of playground equipment, the slide was surrounded by chattering children who formed a serpentine line that undulated for several yards around the slide and crept up the steps to the crest of the slide. When the handicapped preschooler reached the bottom of the slide's ladder, the undulation of the line continued and in one rhythmic pulse, the line separated just at the point where the handicapped preschooler waited. In a second, he melted into the anonymity of the serpentine line, emerging only twice...once when one of those older, stronger, faster-moving normal students put an affectionate hand on her tiny shoulder to reassure her before she zoomed down the slide, and once when another of those students who had been the source of this researcher's anxiety stopped on the bare spot of earth at the foot of the slide and waited for the handicapped preschooler to come down. She put her arm around the handicapped preschooler's waist, and together they rejoined the noisy, line where once again both melted into anonymity.

When the bell sounded for the children to leave the grassy play area and return to their respective classrooms, I watched one nonhandicapped child after another carefully round the handicapped preschoolers, acknowledging them, talking to them, and giving them an occasional gentle pat on the shoulder or back as they passed. As my anxieties crumbled, I saw several normal children vying for the opportunity to push Bobby's wheelchair. Then, in the middle of the grassy play area, the warming sun focused on a petite black child dressed in a crisp, multicolored sundress. Her ribbon-decked braids bounced all around her smiling face as she ran toward one lone handicapped preschooler in the middle of the emptying playground. When she reached the preschooler, she threw both arms around her, giving her what my dad always called a whale of a bear hug. The handicapped preschooler responded with a reciprocal hug, then the two held hands and walked toward the open door that awaited them. As I watched the small figure of the black child and the even tinier figure of the handicapped preschooler get swallowed up by the distant corridor, I realized that the handicapped preschoolers were younger, smaller, and slower-moving than the other children on this campus, but they had carved out a nook for themselves. They seemed to be enjoying the security afforded them by the environment and their normal peers, who certainly seemed to benefit no less from the experience.

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In addition to going to recess or gross-motor periods with the regular children on the same campus, the handicapped preschoolers were observed going to meals with the regular children. Although there was little or no interaction between the handicapped children and the regular children, they were all in the same setting, and the regular students appeared to have grown accustomed to the presence of the handicapped preschoolers. The interaction between the cafeteria staff and the handicapped preschoolers differed markedly across sites. In some sites, the staff appeared to view the children with impatience and disdain. They did not talk to the children or the teacher, and certainly they did not extend any special courtesy to the children. In other sites, the staff members talked to the children as they went through the food line. Some staff members were observed going to the tables where the children were sitting and talking with the children in a friendly, upbeat way.

Cafeteria Cameo

We walked into the cafeteria with the class...that is, almost all the class. The aide followed us a little later, huffing and puffing, and leading a hefty-sized Antonio by the hand...*firmly* by the hand, after what appeared to be a frequent exercise in "See-Antonio-break-and-run-for-the-parking-lot-and-see-Miss-Debbie-break-her-neck-trying-to-catch-him." But back to the cafeteria. My nose had located the cafeteria long before we reached it. My mom's mountain-style country breakfasts had smelled good, but the aroma winding out of this cafeteria gave Mom's breakfast aroma some stiff competition. The children worked their way through double screen doors into a foyer-like area where they stopped to wash their hands. From the minute the first child passed through the inner doors of the cafeteria, friendly, big-bosomed cafeteria ladies bombarded the kids with cheery, animated conversation. They were friendly and accommodating to the teacher and aide, who had their hands full with one child who had to be spoon-fed a special diet that he didn't want to or was unable to keep in his mouth long enough to swallow (I never realized that swallowing, something I--along with a lot of people I'm sure--had taken for granted, could be so difficult.). Miss Debbie patiently and determinedly put spoon after spoon of the special breakfast concoction into Jamey's mouth...and Jamey resisted and then with an involuntary thrusting of the tongue, pushed it back out. If Miss Debbie worked quickly, she could get the spoonful of food into Jamey's mouth, stroke Jamey's throat gently, and his tongue, an inappropriate receptacle for holding food, especially when suspended in open air with the tip sagging toward the chin, would occasionally retract and some small bit of the food seemed to slide down the throat after what might be called a weak swallowing reflex. Miss Debbie's ability to catch food falling from the tongue and recycle it through Jamey's mouth via expert, rapid spoon work was amazing.

As I indicated, the staff had their hands full. With Jamey. And with seven other kids, one of whom did not want to eat, but obviously needed some good food in his tummy; two of whom had become quite expert at stealing two other children's food; and one who must have sensed that he was perpetually in a starting gate because he kept watching for opportunities to break and run; and one who had difficulty just sitting at the breakfast table.

In the midst of all that was going on, the cafeteria ladies bustled around the class between their other duties. They were quick to respond with sponges and mops to the several spills that occurred. They watched to see if a child still appeared to be hungry after finishing everything on his plate. If so, they offered to give more food to the teacher for the child. The staff's familiarity and rapport with the class was apparent. One even caught a child who had been given a carton of milk by mistake before he could drink the milk which was taboo on his diet. I was impressed that this worker knew the children well enough to help the teacher and aide out in such instances.

They also kept tabs on which child had stolen which other child's food...and they replenished the food, because even though everyone watched the children carefully, the child food thiefs had practiced their art and could dispose of the food as quickly as they had grabbed it. Antonio, for example, downed a whole banana in two single bites, and sat grinning at the cafeteria lady who, from behind the food counter, had shaken her giant serving spoon at him and had shouted to the teacher, "Look! Look! Antonio's going for Dedra's banana!" But before the teacher could drop the sponge she was using to wipe up spilled juice and rush to Dedra's side, the banana was snatched and eaten.

Before the class departed (They stayed a few extra minutes to listen to a music class that had moved into the cafeteria.), two of the cafeteria ladies came out to the preschoolers' table, chatted familiarly with some of the children, and topped the breakfast off with a couple of very appreciated hugs.

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Types of services. The array of services provided within the structure of the preschool handicapped program is impressive...and must be costly. In addition to the state, regional, local and school-level administrative services, the preschool handicapped program is staffed by personnel who find eligible children, personnel who screen and evaluate children, personnel who provide transportation for the children, personnel who plan and implement a complex educational program for the children, personnel who provide a variety of related services like speech, occupational, and physical therapy, adapted physical education, or nursing to the children, personnel who provide parent training or facilitate the formation and maintenance of parent support groups, and personnel who act as liaisons between the families of handicapped children and related agencies that offer a variety of services to handicapped children and their parents. And, like contributed resources, the extensive ranks of clerical and secretarial personnel who support the operation of the preschool handicapped program are often overlooked, but nonetheless make up a significant portion of the program's staff statewide.

A number of the programs visited also provide hearing and vision screening services at no cost to parents. Other programs rely upon the parents to go to a clinic or doctor in private practice to get the hearing and vision screenings. In one program, a staff member told evaluators that this frequently retards the overall process of screening, evaluation, and placement. She indicated that waiting for parents to schedule the screening, carry through with it, and get the records back to the appropriate program staff snarled efficient handling of children since the staff must have the screening records in hand prior to launching a full-scale evaluation. She went on to acknowledge that delays were often caused when either parents or doctors procrastinated in getting a child's complete medical records to the appropriate program staff.

When this staff member was asked about any possible financial burden this might put on parents, she responded that, in light of the many services provided to handicapped children and their families at no cost, she felt that it was completely within reason to request that the parents take care of the relatively minor items of vision and hearing checks.

This brings to mind comments made by a neonatologist during the interagency group interview. She told the group that one of her goals was to minimize the amount of "running around" parents of handicapped children had to do. She explained that some parents, in addition to taking the child to a clinic regularly, must make trips to orthopedic specialists, neurologists, physical therapists, and any number of other doctors and agencies to get needed services for their children. In some cases, parents must travel from the area of the state in which they live to another geographic area where a service facility is located. Some parents drive their own cars; others must take the bus; and if the service is a charitable one, the parent may wait all day for the child to be seen.

But back to the staffer's comment about the number of services provided to the handicapped children and their parents. The evaluators learned that in almost all cases, the parents were reimbursed for transportation costs. Even so, the neonatologist suggested that folks in the LEAs and other related service agencies consider periodically sending the specialist and other service providers to regional sites to see the children instead of transporting all the children and their parents across the state to see them. She reported that this type of arrangement had worked well for her in her follow-up clinic setting. Of course, facility and equipment needs would be factors the LEAs and other service agencies would have to consider in such an arrangement.

One LEA representative voiced his opinion that the staff of a medical facility carried more clout when it came to getting parents to meet their obligations to show up for appointments with specialists, etc., than did education officials who have no right to withhold services for any reason. She pointed out that while some parents are very cooperative and work hard to see that their children's needs are being met, other parents are just the opposite, and program personnel are forced to work around such parents just to provide services to the children involved.

Types of educational services. A total of 17 different kinds of service providers were identified during the study. These included the LEEP regional coordinators, special education supervisors/early childhood coordinators, pupil appraisal personnel (assessment teachers/educational consultants, psychologists, and social workers), child search coordinators, school-level administrators, classroom teachers, professional ancillary staff (physical therapists, occupational therapists, speech therapists, adapted physical education teachers, and nurses), ancillary staff (aides, attendants, and bus drivers), and volunteers.

During the naturalistic study, the evaluators learned that different types of educational services were being provided in different settings. Some children were in highly structured settings in which teachers emphasized preacademic skills considered prerequisite to regular kindergarten. Ditto sheets for the development of prewriting fine motor skills, along with activities designed to teach number and color concepts, were used frequently in these classrooms. Teachers in these settings frequently expressed their sense of obligation to do everything possible to give what they viewed as possibly the children's only shot at regular education, that is, regular kindergarten. Consequently, preacademics were stressed.

Structured settings. Just as the evaluators noted some preschool handicapped teachers' sense of obligation or pressure to prepare students for regular education, so did they note that some kindergarten teachers had adjusted their level of expectations upward in light of the children's participation in a preschool program. Some kindergarten teachers shared with the evaluators their belief that the role of the preschool handicapped program was to get the kids started earlier on the kindergarten course content. One such teacher told an evaluator that she expected the preschool handicapped children to be able to recognize all lower-case and upper-case letters, spell their names, recognize colors, follow directions, and exhibit other school-appropriate behaviors at the time of entry into kindergarten. The evaluators observed a number of children who were coping in this setting and were performing well. Some were, indeed, meeting the expectations of the teachers. But, listening to a supervisor describe how children were becoming "miniature robotic clones at 3, 4, and 5 years of age," the evaluators shared some staff members' concerns about "some of the things we do to kids." The reader should be advised that descriptions of settings tend to be best-case descriptions or aggregate descriptions.

Flexibly structured settings. Some children were in less structured settings where the teacher emphasized developmental skills, particularly in the areas of self-help (eating, dressing, grooming, toileting, etc.), language, fine motor, and gross motor. Although these settings were not rigidly structured, an air of efficient organization prevailed. Activities for the entire class, small groups, and individual children flowed smoothly, and the transition from one type of activity to another was methodical. Children were observed moving from one clearly defined learning or interest center to another, engaging in appropriate activities at each one, and returning blocks, puzzles, dramatic props, toys, crayons, and books to their designated storage area before moving to the next center. Teachers, aides, and in some cases professional ancillary staff members interacted frequently with the children. In light of the preponderance of children with language and speech problems, it was reassuring to see that the children were encouraged to use language with each other and with the staff. This was true not only during the period scheduled for formal language activities, but also during informal conversation throughout the day--at meals, during potty time, on the playground, during arrival and departure routines, etc.

In these settings, it was common to see the staff in casual but appropriate attire, seated on a carpeted floor area with children cradled in their laps. Positive reinforcement was tactile as well as verbal. Children were greeted warmly with hugs and smiles from the teachers and aides.

In these settings, one would be more likely to see children learning to zip zippers, button buttons, snap snaps, pull pants up and down, dress and undress, hold eating and drinking utensils, brush teeth, urinate in the commode instead of in one's pants, follow simple directions, and play with other children than to see them trying to hold a pencil one half of a centimeter in diameter and move it around a dittoed alphabet tracing sheet.

The fine and gross motor activities, receptive and expressive language activities, creative (art, music, movement, dramatics, and sand and water play) activities, free play periods, nap and rest provisions, self-help activities (dressing, grooming, toileting, eating, and self-direction), and IEP activities were planned and carried out with an awareness of the developmental stages of the children and the implications of those developmental stages for the overall educational plan for the children. The evaluators noted that within the framework of this type of setting, individual children for whom a preacademic curriculum seemed appropriate pursued preacademic strands during IEP time with the teacher or aide on a one-to-one basis.

These types of settings were often characterized by well-planned field trips that related to what the children were doing in class. With the exception of these field trips, the home-based programs generally fell into this category. The teachers appeared to be very much aware of the children's developmental stages and special needs, and they tailored an educational program involving the family for each child served. As noted earlier, their only concern was that the home-based setting did not facilitate the development of socialization skills. Some teachers attempted to provide for some socialization by organizing parties or picnics for the handicapped children and their parents a few times during the year.

Other settings. Other children were in settings that do not fit the traditional education mold. In hospital, clinical, or other special settings, where sensory stimulation, artificial womb stimulation, and intensive therapy were characteristic activities. When applied to these settings, education has a much broader meaning. It encompasses areas many people consider areas of "natural learning." These include walking, talking, swallowing, eating, etc. The staff in these settings sometimes must try to really get at the roots of learning. In one instance, for example, the evaluators watched with interest as a physical therapist placed a child in a simulated womb--a sound-proof room, comfortably cool, darkened...in the middle of which was suspended a soft latex swing that resembled a deflated innertube with a soft red light glowing above. As the child, a 4-year-old black male who seizured almost continually, was placed gently into the latex cradle, soft womb music began to play. As the music, a recording of a mother's heart beat and the methodic pulsations of blood through the arteries, continued, the child seemed to relax and to seizure less frequently. The therapist explained that, as early at the second trimester of development, learning can occur. She noted that a developing child or fetus, can distinguish the color red by this point in development.

The therapist removed the child from the simulated womb and carried his body back into the hospital area. She asked the evaluator to get down on a large mat with her and the child. She began to massage the child's arms which were drawn tightly in against the child's body. At this point, she asked the evaluator to touch the child's arm, to feel the immense drawing pressure to retract the arm to the fetal position. The therapist explained the dangers of doing too much too quickly. She explained that torn muscles and broken bones could result from applying too much pressure or trying to force extension. As she worked, she shaded the child's eyes, noting that minimizing the glare of lights seemed to reduce both the frequency and intensity of the child's seizures. However, the therapist was quick to point out that covering the child's eyes, by laying a soft towel across the child's eyes, for example, was tantamount to blindfolding the child, and was not permitted.

She moved a cassette recorder near the child, pushed the play button, and womb music began to play again. She continued to work with the child, rubbing the forearms briskly, kneading one area then another, gently tugging at the limbs to get them slightly extended, talking softly to him all the while. When she had finished, she lifted the child from the mat and placed him in the arms of an aide who sat down in a rocker and began to rock the child. As she did so, she, too, talked softly to the child and stroked him gently.

As the evaluators prepared to leave, four aides sat in commodious rockers in the dimly lit ward. As their feet kept the rockers swaying back and forth, their arms held small children who, with the exception of unusual utterances, give no sign of awareness of anything or anyone in their environment. In the background, an adapted physical education teacher applied some principles of reflexology to a child who exhibited a perpetual backward thrusting motion. And the evaluators recalled one staff member's comment: "We know that other teachers out there worry about gains, helping kids progress...But here, we fight to keep these kids from regressing...And on top of that, we never know when we may lose one."

Extended-year services. In addition to the services provided to handicapped children and parents during the regular school year, most programs offer an extended-year program. In theory, the extended-year program serves children who have demonstrated significant learning regression over major holidays. The extended-year session is designed to minimize that regression.

Parents interviewed liked the idea of having their children in the extended-year program. Only two complaints were voiced about the summer program. One parent complained that the bus carrying her son to and from the program was not air conditioned. She said that this was uncomfortable for her son, who on several occasions had vomited during or at the end of the hot ride.

The second complaint was from a parent whose child had been declared ineligible for the summer program. The parent, obviously concerned about the educational implications of the denial, told evaluators that the denial was tantamount to "teaching her how to tie her shoe, and when she gets one half of the bow shaped telling her to hold it right there until school reconvenes in the fall."

The overwhelming reaction to the extended-year services on the part of the program staff concerned efficacy and efficiency. Administrators complained that, while parents wanted the service, they did not hesitate to pull the kids out for vacation or other summer outings. Many indicated that attendance was erratic and parent involvement at its lowest point. In an effort to turn the extended year from a summer baby-sitting service to an educational program with an integral parent component, one administrator told evaluators that she had gone from the regular year's center-based format to a home-based format for the extended-year program. *In so doing, not only was she able to get a commitment from parents, but she also cut costs from $34,000+ to approximately $17,500.* The evaluators spent extended periods of time with this particular administrator and were confident that she was attuned to the needs of the children in her program and that she would do whatever she could to meet those needs effectively and efficiently. There was no doubt that she had not sacrificed services to any child who needed them with this administrative decision.

Supervisors, administrators, teachers, and other program staff questioned the added burden of documenting regression. The children are tested, sometimes several times, during the evaluation, frequently tested again with a diagnostic instrument by the classroom teacher, and usually pretested and posttested upon entry into and exit from the program. Not only were questions raised as to the wisdom of testing the children so much, but also questions were raised about the general efficiency of using so much teacher times to test the children rather than to instruct them.

While only ten percent of the supervisors reported that the quality of the extended-year program is not on par with that provided during the regular school year, 43 percent acknowledged that there are difficulties documenting regression in order to determine children's eligibility for the extended-year program. Almost one-third of the teachers surveyed reported the documentation of regression as an area of difficulty.

Many teachers reported that while a handicapped preschooler's regular teacher might write the IEP for a summer participant, another teacher might be responsible for implementing the IEP. Two scenarios were presented to illustrate the potential consequences. The summer teacher might be a preschool handicapped teacher...or a special education teacher, a regular education teacher, or any teacher who wanted a summer job and knew someone in the personnel office. The preschool handicapped teachers' concern was that someone unfamiliar with preschool handicapped education might be assigned to children most in need of expert teaching in a specialized field. The second concern was that the IEP written by a child's regular preschool handicapped teacher was sometimes totally ignored. Some teachers returned to their classrooms and children to find an unused IEP and a child who was no better off after having had the extended-year service.

Members of the program staff at all levels questioned the efficacy of a program designed to minimize regression by providing services to children for a four- to six-week period followed by another lapse of almost two months. Time after time they acknowledged that one can only do so much with the children during such a short period, and even working during that period may be self-defeating given the regression likely to occur between the extended-year program and the regular school-year program. In a discussion of this problem, one supervisor told the evaluators that he was trying to maximize the benefits of the extended-year services by scheduling them immediately prior to the beginning of the school year rather than at the beginning of summer. His first attempt with this arrangement will be during the summer of 1986.

Many supervisors, administrators, and teachers expressed their belief that all children need time to relax, enjoy summer's warm sunshine, let cool, green grass tickle their bare feet, or just sleep late. Teachers reported that the children who attend the summer session appear more fatigued--almost to the point of being burned out with school--than do children who have the entire summer off. They also report that they have difficulty in determining whether or not the summer program participation has any positive impact on individual children's performance. These are teachers who acknowledge the importance of early intervention and are cognizant of the crucial importance of educational stimulation; however, they feel that there is a point of diminishing returns.

Given the preponderance of concerned reactions, it may be wise for policy makers to study carefully the issue of extended-year services in light of some serious questions about the efficacy and efficiency of such services. There are implications for parent training provisions that could alleviate the situation by helping parents facilitate continued development and education of their children in the home during "non-school" time. And for those who lament the lack of parent involvement, the evaluators would share the finding that generally not a lot is being done to actively solicit such involvement. The bulk of this responsibility seems to rest with the classroom teachers, any of whom shared with the evaluators their lack of training and expertise in dealing with or even communicating with the parents of the children they teach. And the evaluators suggest that a lot can be learned from the current ranks of home-based teachers. Although some of the evidence of their success is circumstantial, many of these teachers have developed excellent parent communication skills, have succeeded in getting family efforts geared toward helping the handicapped child, and have even become "system interpreters" for families who don't know a welfare worker from a public health nurse or whom to contact for which services.

A number of the home-based teachers told evaluators that it is common for parents to call them at home to get help, to get questions answered, etc. The teachers are even asked to read letters from various social agencies to parents who can't read, much less understand, the contents of such letters. And some center-based teachers could serve as models, for some of them have mastered the art of parent communication, too. Generally, these teachers are characterized by that extra ounce of dedication that results in the teachers' involvement with the children and families, and that seems to be a catalyst in achieving parent involvement. These teachers report that they go well beyond professional obligations in providing babysitting or even weekend respite care for some parents. They also report that some parents use them as emotional sounding boards, calling them at night or on weekends. Some did confide that, even though the communication level is great, their level of involvement carries an expensive price tag in terms of some pretty severe emotional drain.

There are implications for teacher training and inservice in this area, too. As teachers noted, the service and inservice training should be close to or immersed in the reality of handicapped education, definitely not from a regal professional chair at a teacher-training institution.

The discussion of parent involvement leads quite naturally to another service provided by many LEA programs, that of parent training. In these programs, parents are trained by the staff to be interventionists. They are taught basics of positioning, nutrition, language usage, behavior modification, etc. which they can use to help their own children.

In at least one program, a psychologist plays an important role in the ongoing training of parents and teachers. Instead of seeing his major responsibility as one of pupil appraisal, he views his primary role as that of a special consultant for parents and teachers of handicapped children. In this capacity, he makes suggestions, especially in the area of behavior modification, which he expects the parents and teachers to implement. But he doesn't stop there. He observes them in action, confers with them about the level of success they are or are not having, and points out anything wrong about the way his suggestions are being implemented, and makes alternative suggestions. In many cases, the importance of this consultant role is underscored by teachers' and parents' expressions of appreciation for having an expert who can reassure them that what they are doing with their children is right, even though it isn't readily apparent, especially with exceptional children.

Another service provided by the local staff, and frequently spearheaded by the classroom teacher (or home-based teacher), is that of parent support. Parents told evaluators that teachers were the key in putting them in touch with local, state, and even national support groups. The level of participation in support groups seems to be correlated with the handicapping conditions of the children. Statewide, teachers expressed frustration related to their efforts to initiate parent support groups, although a few reported success. The evaluators observed one such teacher, a teacher of autistic children, who had been successful in getting parents involved in the local and state organization. One couple whose child was in her class had become involved with the national organization. And yes, this particular teacher was one of those "involved" teachers who frequently babysat the couple's autistic child. She had been so successful in achieving parent involvement that one of her colleagues requested that she get the colleague's parents involved. The teacher of the autistic children shared her belief that that is something each teacher has to establish on her own. A few helpful suggestions from an outsider may help, she said, but an outsider can't act in the teacher's place.

And finally, the LEA staffs frequently offer liaison services between parents and early intervention programs (EIPs), neonatal intensive care units (NICUs), Family Health Services, Parent/Child Centers, Joint Project for Family and Child Services, Handicapped Children's Association, Association for Retarded Citizens, and other related agencies and organizations. The success of these liaison services seems to be dependent upon the informal communication between certain staff members at the LEA program office, the agencies, and the organizations.

During a group interview, representatives of fourteen different agencies and one LEA program discussed the need or desirability of having formal, written interagency agreements. An EIP representative suggested that having the written agreements might facilitate continuation of services if there were a change in staffing. A neonatologist representing a regional NICU expressed strong concerns about having the working relations of the people from the various agencies dictated by a piece of paper. She went on to say that her major concern was not that someone might refuse to do something set forth in the agreement, but that the fact that something wasn't in the agreement might be interpreted by "an uncooperating soul" as justification for refusing to do it. One situation was described by representatives of two cooperating agencies. The two worked closely together, and although a written agreement was in effect, they had never seen it.

The parents who were interviewed indicated that the two-way communication between the LEA program staff and the staffs of the related agencies and organizations had facilitated their getting services in some cases. This seemed to be true especially after the parents had entered a sort of continuum of services.

Costs of services. The original design of the current evaluation included a cost study. Circumstances beyond the control of the evaluators made a comprehensive cost study impossible. However, issues of cost were explored, and some findings may point the way for more indepth cost analyses of this program and other special education programs.

In attempting to do some basic cost-finding research, the evaluators contacted probable data sources at the state and local levels only to find that no one could or would even estimate the cost of the program. Finance personnel at the state level told the evaluators that it would be impossible to parcel out even the direct costs of the preschool handicapped program....even in a specific area such as transportation, or textbooks and materials. At best, all they could offer state supplement data related to professional staff salaries.

Local personnel generally reported that they "had never really thought about it." In discussions with the evaluators, they almost always alluded to direct costs in the areas of personnel and transportation. They frequently mentioned the cost of teachers, aides, physical therapists, and occupational therapists. Rarely did they mention the costs of personnel who provide related services--pupil appraisal personnel, child search coordinators, nurses, social workers, and adapted physical education teachers...nor did they mention the proportionate costs of support personnel, such as secretaries, custodial workers, cafeteria staff, and bus drivers. Apparently, the costs of these support personnel and related service personnel did not come to mind when the staff discussed costs of the program. Their failure to cite these people as sources of costs seemed to be a matter of oversight.

There was also a problem in the identification of the cost of services that were imbedded in someone else's job. As an example, the evaluators asked one staff person about the cost of child search activities. The staff person replied that there were no costs associated with child search, not even the salary of a child search coordinator, which every program is obliged to have. She went on to explain that the special education supervisor also served as the child search coordinator, failing to realize that a portion of the supervisor's salary was a cost associated with child search activities. As the discussion continued, the staff person acknowledged that some secretarial time was used to produce child search materials (letters, flyers, media ads, etc.); that clerical supplies, office equipment, and office telephones were used; and that staff time of a number of the program personnel was used to speak to civic organizations and professional groups (pediatricians, nurses, etc.) to disseminate information about the preschool handicapped program.

Another example of the staff's failure to consider specific costs of the program was in the area of transportation. One person reported that her program had no transportation costs because the program did not provide transportation to the handicapped preschoolers. However, further discussion with the evaluators revealed that parents transported their own children, and the LEA reimbursed them for transportation.

Generally, the staff did not have a handle on the costs related to space used by the preschool handicapped class/classes in a facility, or the maintenance of the space (air conditioning, heating, repairs, etc.); costs of providing meals and/or snacks to the preschoolers; costs related to child-search activities; costs of professional ancillary services; and miscellaneous costs related to vision and hearing screenings, assessment instruments used in screenings and evaluations, transportation reimbursement to parents, special equipment and instructional materials, architectural adaptations to a facility, clerical supplies, and telephone use.

The matter was complicated by the fact that costs are not consistent across programs. Vision and hearing screenings, for example, may be provided at no charge in some programs, while in other programs, parents are expected to go to private doctors or health clinics to have the screenings done.

The range of services varies dramatically across programs. In some programs, physical therapy and occupational therapy are not provided; in some, both therapies are provided at no cost to the parents; and in some children receive therapy at a special facility, such as a university affiliated facility (UAF) or university hospital. Depending upon the facility, the cost of the therapy may or may not be borne by the parents. Some programs contract with hospitals or agencies for physical and occupational therapy. In these cases, the program bears the costs of the contracted therapists, who frequently are itinerant and serve more than one school or program. Supervisors using this arrangement reported that it was cost-effective and that it discouraged unwarranted assignment of children to therapy. Some programs which use a contractual arrangement, reported the provision of indirect therapy (having a teacher, aide, or other staff member administer therapy that the therapist has demonstrated to them). At least one supervisor reported that such people would shake in their tracks if they were made aware of the legal implications and liability issues related to such an arrangement, especially if a child were injured in the process of receiving the indirect therapy. This also raised the issue of costs of liability insurance for personnel in the preschool handicapped program.

Finally, some programs have staffs that include full-time physical therapists and occupational therapists who provide therapy to the eligible children at no cost to parents. Supervisors reported, however, that it is often difficult to staff a program with therapists because private-sector salaries for therapists are substantially higher than those the LEA can afford to pay. This, of course, is a major cost consideration that has direct impact upon the preschool handicapped programs.

One of the most commonly overlooked areas in the discussion of program costs and program resources was that of contributed resources. A few people reported cash donations made by organizations or individuals to the preschool handicapped programs. There was no indication whatsoever that program personnel were concealing any contributed resources; they simply had not stopped to think of many of them. In extended discussions with the evaluators, program personnel talked about contributed time--time older students or grandparents had given to tutor the handicapped preschoolers; time members of civic organizations had taken to assist the teachers on fieldtrips (Some even provided a place, such as a farm, for the fieldtrips.); time members of civic clubs had contributed to build special playground equipment, to make architectural adaptations to the facility, or to completely renovate the facility; time caring people had given to the handicapped preschoolers in conducting seasonal parties, complete with Santa and the Easter bunny; and "off time, break time, or lunch time" given by program staff, such as the occupational therapists, to assist teachers in working with children.

Cameo

I watched as the staff finished up the bean mosaic that served as a fine motor activity. The gears seemed to switch into high as busy, quick hands put away the glue, beans, and construction paper. One teacher rapidly wiped the work tables with an odorless disinfectant, while an aide began taking the children, one by one, to the sink where she helped each one wash and dry his hands. Two of the more able children helped out by putting napkins on each of the plastic-covered placemats taped to the table. The aide went to a storage area and came back with each child's personalized cup or glass. A second teacher who, without my having noticed it, had slipped quietly out of the bustling room, returned and wheeled in a cart laden with the children's lunches. As she slipped on a cover-up apron and adeptly started to prepare the children's meals, she told me how she had appealed to the principal for permission for the children to eat in the privacy of the classroom. She went on to explain that some of the children could not tolerate all the sound and fury of the lunchroom scene. The administrator worked with her in getting through the red tape and paperwork, and the children were given permission to eat in the quieter, more familiar atmosphere of their classroom.

Pulled into the activity going on around me, I soon found myself pulling bits of chicken off the bone and cutting it into bite-sized pieces. In what appeared to be a natural tempo, the other teacher and aides pitched in, cutting corn off the cob for all the children, removing nuts from the fruit salad for two of the children, pouring milk and other beverages into the children's cups and glasses. As soon as all the food was ready, the staff put each child's plate on the table. Each staff member slid into her place between two children. I watched as one of the teachers picked up a child and put him on her lap. As she held him with one arm around him, she fed him with the other hand...and she surely must have had a third hand, because she also periodically reached over to the child seated next to her to help him out with his cup or his fork...or to just pat him gently on the head or stroke his tiny back.

It was with a great deal of interest that I listened to what the adults were saying during this intimate lunch scene, as they rarely talked to each other. Most of their conversation was directed to the children, even children who appeared to be nonverbal. They spoke positively to the children, asked them everyday kinds of questions, and listened to the children's answers. The children were certainly the focal point of this activity. Not even eating their own lunch distracted these adults from helping the children. When I asked when the adults ate lunch, one of the teachers responded that they usually switched off with each other during the children's nap time...and she admitted, without even a shimmer of complaint, that sometimes there just wasn't enough time for them to eat lunch.

Shortly after lunch began, the door to the classroom opened, and an attractive, young brunette slipped in and walked over to a child in a wheelchair. The brunette took a seat on a stool in front of the child and began to talk to her and to feed her. I asked one of the teachers who she was and was told that she was the occupational therapist who worked with the preschoolers. Going over to where she was working with the wheelchair-bound child, I noticed that the child, even though very involved, seemed to take delight in the extra attention she was receiving. In talking to the therapist, I learned that she had realized that the teachers and aides really "had their hands full" and that she dropped by almost every day to lend another helping hand on her lunch time.

I spent the entire day with this group and saw, time after time, how teachers, aides, therapists, administrators, and even the librarian gave up their time to "do for these children" and to give more of themselves than most people will ever realize or appreciate. And I couldn't help but think that the public is getting far more than their money's worth in people like these, whose hugs, caresses, patience, and dedication carry no measurable dollar figure.

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Program Relationships

Coordination of services. Coordinated services provided to handicapped preschoolers and their parents varied from program to program. During the naturalistic segment of the parent study, the evaluators observed some excellent examples of this coordination in the residential settings. In two such settings, the evaluators learned that specific time was allotted for cross-disciplinary staffings on individual children. Doctors, nurses, occupational therapists, physical therapists, education administrators, adapted physical education teachers, and classroom teachers participated in these meetings. The staff told the evaluators that these staffings were held on a regular basis and were of tremendous value in terms of apprising one another of what was being done with individual children.

However, in most of the LEA programs observed, the program staff did not enjoy the luxury of regular cross-disciplinary staffings. Working under constraints different from those in the residential settings, the LEA staffs reported that they communicated with each other "whenever time permitted." The evaluators observed that this generally meant that when the therapist came into a room either to pick up a child or to return him after a session, the teacher and therapist might have an opportunity to steal three to five minutes' worth of conversation about a particular child. In a number of cases, the evaluators observed that much of the fine motor work planned by the classroom teacher was similar, if not identical, to the kinds of things the therapists were doing with the children; however, it was not uncommon for one not to know what the other was doing with a particular child.

There were some incidences of professional ancillary staff who fitted their therapy into whatever the teacher was doing in the classroom. The evaluators observed how smoothly these persons worked under this arrangement. There was no disruption of the class, children did not have to leave and miss part of what the teacher's planned lesson. The therapist worked along with the classroom teacher, making suggestions for things the teacher and aide could do to reinforce the therapy individual children were receiving...and answering questions the teacher asked about the children.

It should be pointed out that this arrangement did not show signs of evolving into direct therapy. Consider the following example of this type of arrangement observed by the evaluators.

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*   Cameo   *

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The evaluator took a moment to study what the therapist was doing with little Miranda, a child with one hand that was paralyzed. A small cup that held four or five brightly colored wooden cubes sat in the center of the small table. Making herself comfortable in one of the child-sized chairs that encircled the table, the therapist took Miranda onto her lap. While she gently restrained Miranda's "strong hand" by laying her palm lightly across the child's hand, the therapist poured out the blocks onto the table top. She then gave Miranda an affectionate squeeze with the hand that was restraining the child's "strong hand" and, nuzzling her much in the manner a mare would push a new foal, she encouraged Miranda to put the cubes back into the cup with her weaker, partially paralyzed hand. Each time the child struggled to close her tiny fingers around the wooden cube, the therapist gave her a reassuring hug and words of praise. Frequently, it appeared that the child was trying to "operate" her hand and arm movements from a remote control. The jerky, crane-like movements often resulted in the child's grip not quite closing around the cube, and the cube tumbled loudly onto the table top rather than into the cup. The child's difficulty in maneuvering the cubes--such a simple task--reminded one evaluator of the awkwardness one generally senses when trying to do something like tying a tie in front of a mirror.

The teacher broke away from the circle activity, and the aide smoothly took the reins and continued without a hitch. The teacher then walked over to the therapist and Miranda, and she watched closely what the therapist was doing. After a few moments, she told the therapist that she had noticed that Miranda was extremely reluctant to use the weaker hand and asked if there was anything she could do to encourage her to use it. The therapist explained that anytime the child had to reach for something, the teacher should lightly restrain the stronger hand, requiring that the child use the weaker one to reach and grasp objects. The therapist demonstrated how very light restraint was all that was necessary. She went on to explain that the teacher could do this type of activity when the child was feeding herself, reaching for crayons, picking up toys, etc.

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The evaluators observed speech therapists, physical therapists, and occupational therapists working in the classroom with the teacher in what appeared to border on a team-teaching effort. There was a great deal of information sharing, and the children seemed to benefit from the extra attention they received in the familiar atmosphere of their classroom and from what appeared to be the efficient delivery of different kinds of services.

The coordination-of-services scenarios ran the gamut from the regularly scheduled, cross-disciplinary staffings at the residential settings, to the almost non-existent coordination in some of the center-based programs. Realizing that the program staffs were working under different constraints, the evaluators still felt that a lot could be learned from the residential coordination model. In such a model, the staffs pulled together in a sort of team effort to reinforce each other's work and to maximize the benefits each child received from the multiple service delivery.

In addition to studying the internal coordination of services provided in the preschool handicapped program, the evaluators also took a look at the coordination that existed between the preschool handicapped staff affiliated with the LEA and the staffs of related agencies, organizations, and doctors' offices. In a day-long group interview with representatives of 14 different agencies, the evaluators were told that most coordination of services that is currently going on is the result of informal communication between individuals at the grass-roots level. There was some debate as to the desireability of having written agreements to govern the coordination efforts of NICUs, EIPs, Joint Project for Family and Child Services, Head Start, LEA preschool handicapped programs, Handicapped Children's Services, the Department of Health and Human Resources, the Speech and Hearing Foundation, private pediatricians, and other related agencies or individual service providers. The proponents of the written agreements argued that continuity of service delivery could be assured if written agreements were in effect when there were changes in personnel. The proponents of the informal coordination of services argued that, ultimately, coordination of services depended upon personal relationships and a willingness to cooperate in an effort to provide a comprehensive service-delivery model to handicapped children and their parents. They also expressed concern that the coordination efforts might be dictated by, rather than facilitated by, the written agreements. One participant, for example, expressed her fear that someone might decline to perform some service that was not stated explicitedly in a written agreement.

Another interesting perspective was shared by representatives of a local Head Start program and the LEA preschool handicapped program. These individuals reported in detail how they cooperated closely with one another to track children and to make certain children were getting the services they needed. Stressing that the success of their cooperative efforts were the result of their personal contact and desire to "help the kids," the two acknowledged that there was a written agreement in effect that governed their service coordination...and they acknowledged that neither had ever "laid eyes on it." (For complete details about the interagency interview, see Appendix F.)

A review of the quantitative data showed that program personnel differed in their perceptions of coordination of services as an area of difficulty. While approximately one-fifth of the pupil appraisal personnel and child search coordinators felt that there should be more coordination among the service providers within the program, 21 percent of the child search coordinators and 33 percent of the pupil appraisal personnel felt there should be more coordination between program personnel and related agencies outside the program.

Only ten percent of the supervisors surveyed felt that coordination of services within the program was a program difficulty. In contrast, 24 percent felt that there should be improved coordination between program personnel and the staff of related agencies outside the program.

School administrators did not perceive the coordination issue to be as much of a problem area as did other program staff. Twenty percent felt that coordination between the program staff and related agencies should be improved, and 18 percent felt that coordination within the program should be improved.

Most critical of the coordination efforts were the professional ancillary staff and the classroom teachers. Forty-four percent of the teachers and 34 percent of the professional ancillary staff reported that coordination between program staff and related agencies was a problem area. Twenty-six percent of both groups reported coordination within the program as a problem.

The evaluators also studied the question of coordination between the LEA preschool handicapped program staffs and the kindergarten teachers to whom some of the preschool handicapped "graduates" are assigned when they complete the preschool program. Although a few administrators and teachers reported that they have procedures in place that facilitate a smooth transition from the preschool handicapped program to other programs, including regular kindergarten programs for the children, the majority of the persons interviewed acknowledged that this is not the case. A great deal of communication and coordination was observed at sites where the preschool handicapped program and the regular kindergarten program were on the same campus, but this did not always appear to be a determining factor. At one such site, the evaluators picked up on some remnants of hostility between the preschool staff and the kindergarten staff. The hostility appeared to be circumstantial, rather than personal. Lack of communication seemed to be fueling the kindergarten teachers' misunderstanding about the preschool program. Instead of working toward a smooth transition for the children, these kindergarten teachers were still concerned about having a handicapped child in their classroom. They could not understand how it was justifiable to take an exceptional child who had been in a class of six, attended by an aide and a teacher, and put him in a class of 25 to 30, attended by one teacher and no aide...and to expect the kindergarten teacher to serve all the regular children plus the exceptional child who, just a few months before, had required two full-time staff members plus a host of professional ancillary staff. Some reported being frustrated about having nonverbal children in their classes, and not being prepared to or able to communicate with the child, much less teach him. Others expressed a "sense of being kept in the dark" because they were not always privy to confidential child data...and the evaluators learned that in some cases, efforts to protect the confidentiality of the children resulted in the kindergarten teacher's not being told that children had been participants in the preschool handicapped program. The kindergarten teachers interviewed expressed a desire to have complete information about the children they received, especially health information that could have direct impact upon the child's learning style or learning potential.

Staff characteristics. The personnel serving the preschool handicapped children in the 65 LEA programs differ in sexual and racial makeup by role. Overall, the group is predominantly female and white. At the regional coordinator level, one of eight coordinators is male, and one of the eight is black. At the supervisory level, the majority of special education supervisors are white females, with only one black and two males in the group interviewed. It is at the school-administrator level that the pattern changes significantly. Here, the majority of administrators are male rather than female. There are more blacks in administrator positions than in other positions, but the majority of the administrators themselves are white.

At the classroom level, the majority of the teachers and aides are female. Statewide, only one male teacher was identified among the 400+ classroom teachers. The majority of the classroom teachers are predominantly white. The evaluators also noted that the vast majority of the teachers are young; most were in their 20's or 30's and exuded a sense of freshness, enthusiasm, and energy. The evaluators noted that it is possible that the level of physical stamina required as a teacher of the preschool handicapped may be higher than that for other teachers. Given the pace, the diversity of activities, and the need to lift and position children, the teachers obviously need strong backs in addition to a high energy level and stamina. The evaluators observed teachers loping down corridors with hefty children in their arms in route to an emergency bathroom stop; bending over low art tables to change diapers; and lifting brace-clad children from wheelchairs and positioning them on commodes. These kinds of physical chores were repeated by the teachers and the aides many times in the course of one school day and attest to the need for a physically fit teacher.

The aides serving the preschool handicapped children were predominantly female, with only two males interviewed during the observation visits. Approximately two-thirds of the aides interviewed were black, but the racial makeup of this personnel segment was more diverse than was that of other personnel segments.

Teachers reported considerable diversity in areas related to training, certification, and experience. Some teachers were trained in or held certification in early childhood education, some in elementary education, some in secondary education, some in special education, and some in home economics. Many of the teachers reported having taught in kindergarten or elementary school prior to moving into the preschool handicapped program. Supervisors documented the existence of this pattern, noting that many times they recruit preschool handicapped teachers from the ranks of kindergarten and elementary teachers already on staff.

Fewer than one-third of the teachers interviewed reported that they had selected preschool handicapped education or, more specifically, noncategorical certification as an area of specialization during their college training. Among those who did, the vast majority reported that there was little or nothing in their training that really prepared them for teaching handicapped preschoolers. They cited the need for specialized training that is imbedded in the educational reality of the preschool handicapped classroom, practical hands-on training that consists of extended, close-working contact with children like those they are expected to teach once they complete their degrees.

One supervisor documented this need by telling the evaluators about one young woman who, upon completion of her coursework in handicapped preschool education, reported to the supervisor for her student-teaching assignment. When the supervisor took the young would-be teacher to a special center where the preschool handicapped classes were located, the supervisor learned that the young woman had never even seen a handicapped preschooler, much less worked with one in a teacher's role. The young woman was over-whelmed by the entire experience, and despite the staff's efforts to help her overcome her difficulties, she immediately quit. Thus, her four years of training were for nought!

The supervisor went on to say that many of her first-time teachers have great difficulty writing IEP objectives that focus on the acquisition of developmental skills, as opposed to academic skills. She said that most of the first-time teachers have no difficulty whipping out objectives related to the cognitive domain--color recognition, number recall, etc.; however, they run into problems when writing developmental or self-help objectives, such as those related to a child's ability to unsnap his pants and pull them down before going to potty.

The evaluators observed a number of teachers who could be classified as master teachers, and could serve well as models to be emulated in the development and implementation of educational plans for handicapped preschoolers. These master teachers are knowledgeable about the concept of pretesting and posttesting, the use of pretest data in diagnosing children's deficits, and the use of posttest data in assessing both the children's progress and the teacher's instructional efficacy. The use of such "model" teachers in preservice and inservice training could be very effective, but it would require more communication networking between the LEAs and the teacher training institution than currently exists.

It is important to note that teachers who were not among the master teacher group generally were able to recognize their own deficits. The most frequently cited deficits were in the areas of instructional implementation and parent communication. Teachers said that they welcomed suggestions about appropriate and varied activities to use with their children. More than receptive, these teachers seemed anxious to get help to improve their skills.

The experience that teachers cited most frequently as being helpful to them was that of raising their own children, and in so doing, studying the normal developmental patterns children exhibit. Other experiences that teachers cited, although not with any pattern of frequency or consistency, included work with children in daycare or church centers, work with older special education children, and work with normal preschoolers or lower-elementary children. Aides cited the same kinds of experiences and added volunteer work with special children in activities such as Special Olympics.

Child Search Activities

Child search coordinators reported a wide variety of child search activities, the frequency of which varied from one LEA to another. Some reported activities included making speeches to civic clubs and organizations, sending public service announcements to radio and television stations and newspapers, distributing "door-knob hangers" (flyers with information about the program, and the name and number of a contact person) throughout the community, displaying posters in shopping centers and grocery stores, placing information brochures in pediatric offices, and contacting related agency personnel and neonatal intensive care unit personnel. Child search also included information booths complete with illustrative scrapbooks and program brochures at some of the State's festivals and fairs, and presentation of slides and pertinent program information at meetings of persons "who might run across an eligible child" in the course of their work (health nurses, pediatricians, etc.). Screening of children during "kindergarten round-up" was reported as an effective child-search activity by some coordinators.

The evaluators noted with interest that some LEAs "piggy back" on the child search efforts of other LEAs located in areas served by local radio and television stations. In such instances, the "piggy backing" LEAs, having no locally owned or operated radio or television stations, relied upon a neighboring LEA's publicity about its program rather than running a separate ad campaign of their own.

On a number of occasions, the child search coordinators and other program staff pointed to the futility of newspaper articles in light of the high incidence of illiteracy in their program's service area. It was also pointed out that, even if illiteracy were not a problem, the standard of living is such that few of the target audience subscribe to a newspaper. This raises the question of child-search efficacy with such audiences.

Frequency of child search activities. The reported frequency of child search activities varied from monthly to annually. According to the staff interviewed, public service announcements in local newspapers or on radio and television are generally run on a monthly or bimonthly basis. Other activities, such as the information booths at local festivals and distribution of printed information to pediatric offices and health clinics, are conducted on an annual basis. Speeches to civic organizations or other community groups are generally given upon request, although some supervisors and search coordinators reported that they take the initiative in contacting specific groups in an effort to disseminate information about program services and child eligibility.

One staff member whose responsibilities included those of the supervisor and the child search coordinator, told the evaluators that she relies upon her staff, especially teachers, to assist with search efforts. The teachers indicated that their primary contribution to the search effort consists of parent contacts. They also design, produce, and distribute an illustrated booklet containing information about the preschool handicapped program and the kinds of children who can benefit from the program services.

Personnel. In most LEAs one person is designated as the child search coordinator. However, there are some programs whose supervisors double as the child-search coordinator. Another interesting arrangement sometimes established to cover the search requirements of the program involves the formation of a search committee. The evaluators met one such committee that consisted of two pupil appraisal staff members and the special education supervisor. The committee members indicated that they work together in planning and implementing search activities. One member of this committee is primarily responsible for logging referral inquiries and providing an initial contact point for parents inquiring about program services.

Costs of child search activities. The costs of child search activities are frequently imbedded in other major cost areas. Consequently, isolating the specific costs is a difficult task. In addition to the salaries of full-time coordinators, costs include portions of salaries paid to staff members serving in more than one capacity. Clerical and support staff salaries also contribute to the cost of child search. Although no staff person could parcel out the costs of office materials, supplies, equipment, and telephones, these appear to make a significant contribution to overall child search costs. Contributed resources, particularly in the area of after-hours staff time, represent another cost factor.

Results of child search activities. The preschool handicapped program has grown from its initial size of 5 programs to 65 programs. What started out as a model program, now consists of more than 400 classes statewide, serving approximately 5,000 children, and providing a variety of services to children and their parents. The state program administrator indicated that in the recent past, he has launched efforts geared toward putting more aggressive search practices in place. He feels that these efforts may be reaching fruition, especially in the last two years.

Search coordinators interviewed by the evaluators indicated that they believe that the preschool handicapped program is now well established...so much so that they can rely on "word of mouth" as their primary source of referral. This was true in center-based, as well as home-based programs. An interesting perspective on the efficacy of the child search issue came into focus in the fieldwork completed in some LEA programs and in the interagency group interview conducted during the third wave of the study. While the majority of program personnel interviewed were satisfied that most eligible children were being identified and served, some program personnel and related agency personnel indicated that their respective programs were carrying full caseloads and were serving all the children they could handle. One child search coordinator candidly stated that if any more child search activities were done, his particular program would have more children than it could serve. Some supervisory personnel indicated that finding qualified, certified personnel would be as much of a problem as finding the additional money to pay for the expanded program services. One professional in a related agency went so far as to say that she believed there was "a whole population out there we're not serving."

When the coordinators were asked what percent of the 3- to 5-year-old children in their program areas who qualify for the program are actually referred, the majority said that at least 90 percent of the children were referred. However, the responses ranged from 50 percent to 100 percent. The age distribution of the children who are evaluated and placed suggests that there are still some parents who are not aware of the program until their children are 5 years of age.

While the program staff generally indicated that child search activities are less aggressive now than they were during the program's infancy, they relayed an air of complacency about the efficacy of current search activities. Parents and kindergarten teachers interviewed, on the other hand, had a different perspective. Some parents, particularly those in areas with established EIPs and NICUs with parent education components, reported that after their child's birth, they were placed on a sort of continuum of services. This facilitated a smooth transition from the NICU to the EIP and from the EIP to the LEA preschool handicapped program. They reported a sense of relief in knowing that such a service continuum was in place. According to parents' reports, the staff at each of the three types of programs communicated regularly and greatly facilitated what the parents perceived as a comprehensive service delivery.

Program staff suggested that any child missed early on would probably be the child of parents newly relocated in the program's service area. The staff in one special project serving several different LEA service areas reported that a kind of informal tracking is done for children who are not eligible for services at a particular age, but are marginal. The implication is that, should the child meet the eligibility criteria at any point, the staff could make certain the child started receiving services. In the interim, the staff make suggestions to the parents about intervention strategies they can use with their own child.

Some parents reported that specific agencies, the Down

Syndrome Project, for example, had helped them and directed them to the LEA-sponsored preschool handicapped program. A surprisingly high number of parents told evaluators that they turned to their ministers not only as a source of comfort, but also as a source of information about where to get help for their exceptional child.

On the other hand, parents in areas that do not have well established EIPs and NICUs with parent education components expressed frustration over what they described as initial difficulties in finding out what was wrong with their child, finding out what persons or agencies could help them, and locating service providers. As cited earlier, two parents interviewed during the second wave of the study told evaluators that they went through all the family savings before learning about the preschool handicapped program. They indicated that they spent large sums of money on one private doctor or evaluator after another, and were told many times that their child would outgrow the condition or developmental delay.

One parent cited earlier indicated that after having spent in excess of $5,000 trying to get her child's problem diagnosed and treated, she learned from her sister, a nurse in another state, that federal law required the state to provide assistance to children like hers. The sister advised her to contact the local school system. When the mother contacted the LEA, she was referred to the director of special education who told her about the preschool program services.

Among those parents who had seen, read, or heard ads about the program, there were several who told the evaluators that their perception of children who would be eligible for special educational services was such that only physically handicapped or severely mentally handicapped children could be served. They reported that the kinds of problems their children were having didn't seem to "fit the mold" created by the ad; subsequently, these parents sought help elsewhere...and were frustrated by the time and money they had to expend. Some were cognizant that the delays were detrimental to their children, given the development pace of children aged birth to 5 years.

Kindergarten teachers interviewed by the evaluators indicated that there were children in their normal kindergarten classes who could have benefited from participation in the preschool handicapped program if the parents had known about the program services and the children had been declared eligible to receive services. While this indicates a weakness in the area of child search, it suggests that kindergarten teachers, many of whom get preschool handicapped "graduates" in their regular kindergarten classes, are pleased with the performance of children who have participated in the program.

Although most child search coordinators indicated that they felt they were reaching most of the eligible children in their areas, they shared some possible reasons for nonreferrals. The most frequently cited reasons were the following:

1. Some medical professionals lead parents to believe that the child will outgrow his exceptionality or developmental delay (To which one neonatologist responded, "Sometimes parents don't want to hear the truth. They don't want to hear what the doctor is telling him. They hang on desperately to the hope that their child will be like all the others.")
2. Some parents have difficulty accepting the fact that their child is exceptional. While trying to work through this on their own, they delay getting help for the child.
3. Some parents negatively stereotype the children served by the program, and they are explicit in their desire not to have their child "put in with those kids." (Some parents of children in noncategorical classes indicated that they were concerned because their children were "picking up strange behaviors from some of the more mentally handicapped children in the class.")

Given the different perspectives on this child search issue, one should bear in mind that failure to document the efficacy of activities is not necessarily indicative of ineffectual child search activities. However, when program personnel repeatedly cite "word-of-mouth" as the primary child search vehicle in terms of how many inquiries about the program are received or how many children are referred for prescreening or screening, it might be advisable to keep simple records to document this assumed efficacy.

Early education interventions. Typically, special educators plan education interventions between a child's screening/evaluation and his eventual placement. The evaluators learned that this is generally not the case with handicapped preschoolers. Children are screened to determine if a full evaluation should be done. (Although one LEA reported that every child referred to the staff does get a full evaluation.) The staff told the evaluators that no educational intervention is planned between the screening and the evaluation, nor between the evaluation and the placement. In one area served by the Joint Project for Parent and Child Services, the staff indicated that they shared suggestions with parents of children declared ineligible. These suggestions related to things the parents could do to facilitate their children's development--particularly in the motor and cognitive domains. The staff also indicated that they attempted to track these children in the event that their developmental delays became such that they would later result in the child's being declared eligible for program services. This was particularly true of children aged birth to 2 years who might eventually be eligible for services in the program for children aged 3 to 5 years.

The Appraisal Process

Screening and evaluation. Although screening and evaluation routines vary across programs, the core components are similar statewide. The staff repeatedly stress that what they do and how they do it are predicated upon their desire to get services for the children and to make certain that no child who should be served is declared ineligible.

Instruments. If there is a common strand that links all special educators, it is their intent to do whatever is appropriate and necessary to meet the needs of each exceptional child. . . and admittedly, after visiting residential facilities, special service facilities, numerous special schools, special education centers, and over half the LEA programs statewide in the course of conducting this study, there were times when one of the evaluators felt that the numbers and kinds of exceptionalities must in fact, be infinite. It was, therefore, no surprise that a variety of instruments is used to evaluate these children. Pupil appraisal personnel reported that at least 35 different instruments were in use in the program. Further, as cited earlier, the appraisal personnel reported that it is common for a child to be tested with more than one instrument, particularly if the child scores low, but not low enough to be eligible for placement. Pupil appraisal personnel reported that if the staff person administering the test "had a gut feeling that a kid really needed to be in the program," he would test the child with several instruments until he found one that documented the child's eligibility for program services. While no one can take issue with dedicated efforts to get eligible children into the program, it cannot be ignored that such practices are not cost-efficient in terms of staff time expended with one child or the delay such practices might cause in evaluating other children. The implication is that any child thought to meet the eligibility requirements could be tested until, on one instrument or another, he could legitimately be declared eligible to receive program services. This may become more of an issue in the near future as more parents request services for their children. School-level administrators told evaluators that parents of "regular" children have made inquiries about getting services for their children. One administrator commented, "Heck, if I were the parent of a regular education kid, I'd be screaming to get some of the things special education kids are getting." Should this happen, pupil appraisal staff may find themselves even more inundated with referrals and evaluations than they are now. And until other preschool programs serving "regular" children are in place, parents are likely to turn to the preschool handicapped programs in search of services.

Procedures. Although referral, screening, and evaluation procedures differ across programs, there are more commonalities than there are differences. Generally, the child search coordinator, early childhood coordinator, or special education supervisor is the contact person for initial referrals. The staff reported that in most cases, parents refer their own children. However, in some instances, relatives or neighbors will telephone the contact person, indicating concern that a child "should be looked at" or that the parents aren't willing to get help for the child. When this occurs, the staff indicated that their task is a delicate one, for they must approach the parents, and, without putting them on the defensive, offer to help their child.

Generally, when the parents mae the initial contact, a staff member is assigned the responsibility of doing a screening or prescreening. Screening varies from program to program, with some personnel asking parents questions on the telephone, and others scheduling an interview and screening with an instrument, such as the Denver Developmental Screening Test.

Following the screening, a determination is made as to whether the child's delays or problems are such that they warrant a more indepth evaluation. If this is not the case, the staff usually reassure the parents of the child in question, and in some cases, make suggestions about activities the parents can provide to stimulate the child educationally and promote normal development. If the child's delays merit closer study, then the diagnostic evaluation procedure is set in motion.

Most frequently, the ground work is laid by a social worker who is a core member of most appraisal units. The social worker interviews the family, investigates the home environment, and frequently assists the family in getting the necessary medical records needed to expedite the evaluation. The social worker may elect to expand the background investigation to include relatives, family friends, primary care givers, and teachers, any or all of whom could provide information about, and insight into, a specific child's delays or exceptionality.

A psychologist and an assessment teacher are the two persons who form the backbone of the evaluation process from this point on. They are responsible for administering the tests, interpreting the test results, writing the comprehensive report, and making recommendations based upon the evaluation data.

In some programs, one pupil appraisal staff member is designated the evaluation coordinator. This person coordinates the efforts of the core personnel--the social worker, the assessment teacher, and the psychologist. One of these three is often the evaluation coordinator, and the responsibility may rotate as different children are evaluated.

In addition to the core personnel, it is not uncommon to find that professional ancillary staff, including nurses, physical therapists, occupational therapists, adapted physical education teachers, and speech therapists, are included in the evaluation process, as individual cases warrant. As a matter of fact, in one LEA the field-based speech therapist handles all initial screening of children referred to the preschool handicapped program. In certain cases, other professionals such as pediatric neurologists, orthopedists, or audiologists, may provide medical information to be included in a child's evaluation. While the costs associated with the core personnel and the professional ancillary personnel are generally born by the LEA, this is not always the case when other medical professionals have to be involved in an evaluation. The evaluators learned that some LEAs bear these additional costs, while other ask the parents to pay for them. This may also apply to vision and hearing checks on the children in question. One LEA reporting sending children to the local health agency for hearing and vision screenings. In addition to the LEAs and the parents, some special diagnostic facilities and other social agencies will sometimes pay for these related services.

The referral, prescreening, screening, and evaluation processes culminate with an IEP conference. An extremely important function of the pupil appraisal personnel, at this point, is to communicate with the child's parents. In addition to working in a situation characterized by a great deal of emotional strain related to parents' acceptance of the evaluation results, the personnel must be ever mindful of the legal timelines to which they must strictly adhere. Parents reported that they are frequently confused and frustrated by the initial IEP conference, and that much of what is told them is incomprehensible. Parent/teacher communication notebooks reviewed by the evaluators confirmed this. Some of the communication between the teacher and the parent related to questions the parents had about things they were told during the IEP conference. One parent, for example, wrote, "Anne, at the IEP meeting, they said he had to tolerate textures. What does that mean?" Certainly there are implications for simplifying the language used in these conferences and avoiding jargon that would be incomprehensible to many parents. Program personnel reported, however, that some parents, as a result of their own educational deprivation, may not be able to grasp even the simplest explanation. And further, they may have difficulty facilitating the education of their children. However, some consideration should be given to making the initial IEP conference less intimidating and more comprehensible for the parents of these young children.

Coordination between pupil appraisal personnel and instructional staff. Through observations and interviews, the evaluators learned that the primary cooperative effort between the pupil appraisal staff and the instructional staff occurs when a child is first placed in a teacher's class. Neither teachers nor pupil appraisal staff indicated that much communication between the two groups took place again until time for a child's reevaluation. This was not the case in at least one program where the psychologist's primary role--rather than being totally involved in the evaluating of children--was to provide support and guidance to teachers and parents of handicapped children. Both teachers and parents reported that the psychologist's communication with them and his assistance, particularly in the area of behavior modification, were ongoing, not occasional. They reported that he was involved with what they were doing with the children, and he frequently helped them do it better.

Kinds of assessment information used by teachers. Since a great deal of time, effort, and expense is involved in the assessment process, the evaluators asked teachers what kinds of assessment information they use in planning instruction for the children in the program. The teachers reported that, in addition to the educational assessment information, they also are provided with medical assessment data collected by doctors and other medical professionals. The teachers said that they look for specific pieces of information that have implications for a child's performance in the basic skill areas. They reported that they study closely the medical information in an effort to ascertain the kinds of learning activities that are appropriate and safe for the individual children. Some of the medical information gives them insight into children's personalities, behaviors, and physical capacities or limitations, while the educational assessment provides information about the children's learning capacities. Although they study the educational assessment information, most teachers reported that they prefer to give the children an opportunity to get acclimated to the preschool learning environment and then administer their own diagnostic instrument. They said that they are simply not comfortable planning a child's educational program on the basis of what is written in an evaluation report. The most frequently cited instrument used by the teachers for this purpose was the Learning Accomplishment Profile (LAP).

Implications for teacher-administered tests. During the third wave of the study, the evaluators collected class profile data on 303 classes and individual profile data on 606 children. In addition to the data areas targeted in this process, some interesting incidental information also surfaced. For example, whereas must teachers reported using the LAP as the diagnostic instrument in their program, more than 30 other instruments, including the Brigance and the Early LAP, were also reported as being used by teachers for pretesting and posttesting. In some instances, a hodgepodge of different instruments or a teacher-made checklist was reportedly in use for such purposes.

In the process of doing data clean-up for the individual profile pretest/posttest data, the evaluators uncovered a potential problem seemingly being encountered by a limited number of teachers in the administration and scoring of the LAP and the Early LAP. An error pattern emerged from the reported data that suggests the following:

1. Some teachers seemed unaware that the Early LAP could be used in place of the LAP to establish a basal score. Typically, a basal must be established to determine the level at which the educational plan for a child should begin.
2. Some teachers are apparently unfamiliar with the manner in which the LAP should be scored. Some reported data fell well outside the range for either raw scores or developmental age scores. If a child's level of mastery in the major skill areas cannot be ascertained by the teacher, one has to wonder how the teacher decides at what level she should begin working with the child.
3. In some skill areas, particularly the self-help area, some teachers assume age-appropriate mastery of skills, and, consequently, they do not test in these areas.
4. Some teachers are not familiar with the basic application of data obtained as a result of pre- and posttesting. One teacher, for example, reported that

she had been pretesting a child "for four to five months," while others indicated that they do no pretesting or posttesting at all.

5. Some teachers reported that they do not have pretest/posttest materials. One teacher telephoned the evaluators to tell them that she had tried to get a loan copy of the LAP manual, but to no avail, and that she had decided to buy her own for next year. Another teacher reported that, since pupil appraisal personnel used the LAP in their evaluation of the children, teachers were not allowed to use it.

6. Most teachers do appear to be competent administrators and scorers of the LAP and the Early LAP, as evidenced by the data they reported on the Class and Individual Profile.

7. Many teachers are alert to possible testing mistakes made by their predecessors. One teacher, in reporting an apparent regression demonstrated by one of her children, was careful to note that she felt the data were not truly reflective of the child's progress. She further reported that she felt the teacher who had pretested the child did not know how to administer or score the test.

8. Other teachers, cognizant of the importance of

pretest/posttest data, were careful to point out certain limitations--especially physical--of children in certain skill areas that were tested.

9. Some teachers took the time to note that specific children had been absent for extended periods of time during the school year, and therefore, one could expect the posttest score to be significantly affected.

10. A number of teachers of categorically handicapped children not only took the time to report the name of the instrument they used with these children, but also reported the pretest/posttest data on the same--something not required on the data form. It appeared that these teachers took pride in the progress made by these students, and they wanted to go the extra mile to get these students' data included in the study.

It should be pointed out that the manner in which the majority of the Class and Individual Profiles were completed suggests that most teachers are competent administrators and scorers of the pretest/posttest instrument. However, it is apparent that there are teachers who could benefit from technical assistance in the general area of pretesting/posttesting and the related applications of the results in instructional planning. When some of the problem data were explored with the LEEP coordinators, they indicated that perhaps they should do more training with teachers in the field. There is no doubt that the persons making up this LEEP network are in an excellent position to address this problem, and that they have the expertise to make the technical assistance pay off for both the teachers and the children.

A typical day in the life of a handicapped preschooler. Once a child had been identified, referred for screening, evaluated, and placed in a preschool handicapped program, what happens to him? The following composite may give the reader a feel for what the handicapped preschooler's day is like.

Cameo

Four-year-old Troy lay sleeping under his Masters of the Universe bedspread when his mom opened his bedroom door and told him it was time to get up. She walked over to the bed and helped Troy sit on the edge of the bed so that she could then help him get dressed and get his leg braces on. Troy slipped his hand into his mom's, and together they made their way slowly down the hall and into the kitchen. After having breakfast with his parents and baby sister, Troy maneuvered himself into the bathroom where he brushed his teeth and combed his hair in front of a special mirror his dad had installed for him. Ready for school, he took the book sack his mom handed to him, kissed her good-bye, and walked stiffly out of the house and across the yard to the spot where he waited for the bus to pick him up every day. His mother stood watching him through the large picture window in the den. As she looked at the lone profile of her son, she thought about how much he had changed since enrolling in the preschool program at the school. There was a time when she had to carry him to the edge of the yard and lift him on the bus...so helpless then, so much more independent now. Her thoughts wandered back to the time before Troy was in the preschool program. It had been difficult to accept the fact that Troy was less than the perfect baby she and her husband, Bob, had prayed for...difficult for her, but even more so for Bob. There had been some trying times for the couple. As her thoughts meandered, she noticed the bus rounding the corner. Troy turned toward the dew-covered house, smiled, and blew her a kiss. When the bus stopped, the attendant helped Troy step up and onto the bus. Troy took his seat and sat back for the ride to the shuttle stop. When the bus pulled in at Green Briar Middle School, the attendant helped Troy off the bus and onto a second bus that would carry him to the preschool center. Troy really liked this bus, because it had a wheelchair lift that made it easy for his friend, Jimmy, to get on an off the bus. It was really neat to watch it work.

Twenty-five minutes later, Miss Tina, the bus driver, wheeled the compact bus into the circle drive in front of the preschool center. There on the sidewalk stood Troy's teacher, Miss Angela, and her helper, Miss Jennifer. Troy grinned because he knew he was going to get a big hug from both of them the minute he climbed down off the bus. When the six children in Troy's class has all arrived, Miss Angela took Troy's right hand in hers, and with her left hand, pulled Jena in a small wagon, heading to the cafeteria for their breakfast snack. Miss Jennifer pushed Jimmy's wheelchair and watched the other children make their way slowly across the campus.

Although Troy had had breakfast at home, when he stepped through the cafeteria door he knew he would have more. He smelled his favorite breakfast snack, hot cinnamon rolls, and his mouth watered. The cafeteria ladies talked to all the children and handed them cinnamon rolls and ice cold orange juice. While they ate, the children talked to each other, to Miss Angela, and to Miss Jennifer. One of Troy's classmates, Ashton, got something special to eat because he couldn't have what the other children were eating. Troy's eyes followed Miss Jennifer as she poured something out of a blender sitting on the cafeteria counter. She then sat down beside Ashton and fed him. When everyone had finished, the class started their trek to their classroom.

Once in the classroom, each child put his booksack in the cubby with his name on it. Then each child went to bathroom, washed his hands, and brushed his teeth. Troy was really proud, because he no longer needed Miss Angela or Miss Jennifer to unzip his jeans for him or to put toothpaste on his toothbrush. The children took turns in front of three child-sized sinks mounted in front of mirrors that were so low that Miss Angela had to lean down to see herself in them.

Troy and his friends each went to get a large, brightly colored carpet square on which to sit during morning circle. The children formed a circle with their carpet squares, leaving ample space for Jimmy's wheelchair, which Miss Jennifer pushed into place in the circle. Miss Angela started the circle by leading the singing of the "Good Morning Song." Then she talked to each child, asking him questions about his name, his age, his sex, his address, the day, the month, the weather, and bunches of other things. Troy was anxious for his turn, because he liked to talk to Miss Angela. After everyone had a turn to talk to Miss Angela, she asked Troy to pick one other song to sing in circle. Troy picked his favorite, "The Itsy-Bitsy Spider."

When circle time was over, the children put away their carpet squares. Miss Angela told Ashton, Jena, and Billy to go to Miss Jennifer's table. Troy, Jimmy, and Heather followed her directions and went to Miss Angela's table. Each of the children was given something different to work on: puzzles, pegboards, bead stringers, shape sorters, scissors and paper, and crayons. Troy's attention occasionally wandered from the Marmaduke puzzle he was working on to Jena's activity. She had a two-section plastic bowl like the one Troy's puppy got food and water in. One part had water in it, and the other was empty. Jena had to put a sponge in the water, lift it out of the water, and, holding it over the empty section, squeeze the water out of the sponge. Troy watched intently as Jena's small hands opened and closed to do the task.

Miss Angela's timer bell rang, and Troy knew what came next: free play. Today, he wanted to go to the block center for free play. He asked, and Miss Angela said he could. As he started to the block activity center, he passed Billy who had picked up two books he really liked. Billy went to the overstuffed sofa that was facing one of the classroom walls, climbed up, curled up, and began looking at his books in his own little world. While Troy was playing with the blocks, Miss Jennifer came over, sat down on the floor next to him, and asked him about the things he was making with the blocks. As they talked, Troy heard the classroom door open, and saw Miss Theresa walk in. He knew today was Tuesday, Jena's day to go with Miss Theresa for speech therapy. He also knew that tomorrow would be his day to go with Miss Conally for physical therapy.

Miss Angela told everyone to put away all the center things so that everything would be all set for the next time. Then she told the class to make a line. She called each child's name and place in line: "Billy, you will be first. Ashton, you are second. Troy, you are third..."

When the line was formed, Miss Angela and Miss Jennifer opened the classroom door in the back, and the children walked out into the play area. First, everybody went to the grassy area where the slide and swings were. Miss Angela pushed Jimmy's wheelchair onto the special swing, and moved him back and forth. Troy went down the slide four times, but needed a little help from Miss Jennifer in climbing the ladder. Then he decided that he wanted to go to the paved area where the balls and tricycles were.

While he was playing, Troy heard a familiar voice. It was Mr. Tim, the APE teacher, who came outside and played games, set up obstacle courses, and did neat things like race with the kids.

Miss Angela walked into the middle of the play area and told everyone it was time to go to lunch. The children went back to the classroom and went through their usual use-the-bathroom-and-wash-your-hands routine, then the caravan made its way to the cafeteria. Troy got his own tray and went to sit with his classmates. The cafeteria was quiet now, because the preschoolers were the first to eat. As more classes entered, the noise level grew considerably. Troy occasionally glanced up at the traffic light mounted on the wall. Mr. Sidney, the principal, had fixed it so that when there was too much noise the green light changed to red, and everybody knew there was too much noise.

After lunch, the children went to the bathroom, brushed their teeth, and got ready for story time. They sat on their carpet squares, and Miss Jennifer lifted Jimmy from his wheelchair onto her lap. Miss Angela read a story and showed pictures about the story. From time to time, she stopped and asked the children what they thought about things or people in the story.

Once storytime was over, Troy was tired. Fortunately, it was nap time. Miss Angela and Miss Jennifer got the cots and blankets out and arranged them in the room. Ashton had trouble sleeping, so they put a divider panel between his cot and the others so he wouldn't keep other children awake. Miss Jennifer turned the lights out, gave Jena a soft teddy bear, and put some soft music on. Troy fell asleep.

An hour later, Miss Angela gently shook Troy to wake him. All the children got up...bathroom time again. After going to the bathroom, the children were ready for the afternoon art activity. Today, Miss Angela and Miss Jennifer had put paper, glue, and different kinds of beans on the children's table. They helped the children glue the beans on the shapes that had been drawn on the papers. Each child finished one, which he put in his book sack to take home.

The children helped clear the tables, and began to get things together before leaving. They each pulled their book sack from the appropriate cubby and stood in line to leave the room. Miss Angela and Miss Jennifer led the group to the loading area and saw to it that each child was put on the correct bus. Troy waved good-bye, and began the first half of his bus ride home. He switched buses at the shuttle stop, and waited anxiously for his house to appear through the bus window.

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Program Effects

Expected Outcomes. During the initial stages of the study, the evaluators were required to select appropriate outcome measures on which to base judgments about program efficacy and efficiency. The evaluators constructed a broadly-based set of outcome measures which involved collecting data from all program personnel, parents, and kindergarten teachers who teach graduates of the preschool handicapped program in their regular kindergarten classes. These measures included perceptions of the benefits and shortcomings of the program. Program personnel were asked about their perceptions of benefits in the following areas:

1. Children's acquisition of self-help skills and subsequent increased independence
2. Developmentally delayed children's opportunity to catch up
3. Children's gains in the cognitive, social, and motor domains
4. Possibility of children attending regular kindergarten
5. Reduction of parents' tension or stress

6. Parents' increased acceptance of their child's exceptionality
7. Development of more realistic expectations on the part of the parents
8. Provision of respite care for parents
9. Increased acceptance of exceptional children

Parents supplied information about the outcomes of the program in areas related to the handicapped child and to the family. They reported positive outcomes for the child, such as improved speech, improved behavior, increased ability to do more self-help kinds of activities, and improvement in general communication. The parents also supplied information about the effects of their child's program participation on the family. Some parents reported that there had been less turmoil, especially between the special child and his siblings. Almost all parents indicated that the special services provided in the program had relieved some of the family's financial strain. Most parents acknowledged the the respite care freed them to do things other people do normally, like shopping, etc. A few indicated that they were able to seek employment as the result of their child's placement in the program. Teachers joined parents in reporting that a simple thing like getting a babysitter can be an impossible task for the parents of handicapped children.

In the affective areas, parents reported that their special child seemed happier since enrolling in the program. While many said that their expectations of their exceptional child had changed and that they were more able to accept the child's exceptionality, others admitted that they had expected the preschool staff to "work miracles" with their child. Some also indicated that trying to maintain a balance between realistic expectations for the child and hoping that the program would work miracles was difficult. The evaluators observed this to be true when they asked parents what they thought would happen to their child after the preschool program. Having observed their children in the classes, the evaluators felt that their expectation in this area were, in some cases, unrealistic, given the child's handicapping condition and degree of involvement.

While it was interesting to note that, although many parents wanted or expected their exceptional child to attend kindergarten in a regular school setting, some parents were vehemently opposed to taking their exceptional child out of a special center setting and putting the child in a regular education setting "where kids can be so cruel." This attitude was generally expressed by the parents, grandparents, or guardians who had their child in a special center instead of one of the integrated settings.

Another outcome measure, obtained from kindergarten teachers, was their rating of the performance of "graduates" of the program as per the following scale: above class average, on line with class average, below class average but still satisfactory, or unsatisfactory in seven major skill areas. These areas included fine motor development, gross motor development, cognitive development, expressive language, receptive language, and degree of independence. The kindergarten teachers also shared with the evaluators favorable comments about the children's acquisition of school-appropriate behaviors.

Teachers of the handicapped preschoolers provided data on the developmental gains and exit placement of individual children. Approximately 78 percent of the 404 teachers statewide provided data on two children in each of their classes.

One interesting outcome that evidently has resulted from the program's having been in place almost a decade is a type of sociological change reported by school-level administrators. They indicated that, initially, there was a lot of hostility in the parents of the handicapped children that was an underlying part of their belief that they had to demand, to fight for, educational opportunities for their children. The administrators said that now that the program in firmly established, that hostility has disappeared. They also reported that there was initial resistance to, and misunderstanding of, the preschool program by the regular staff and student body. Many of these people believed that the children were too young to be on a school campus, and that the teachers had a glorified babysitting job. With the passing of time and improved communication, many of these same people have seen the kind of work the preschool staff does, how hard they work, and the results of some of the staff's efforts. The administrators indicated that there is much more understanding and acceptance of the program, the staff, and the children now than there was initially.

Participation Factors

While most LEA officials acknowledged that, at the outset, there was a desire to meet the special needs of Louisiana's preschool handicapped population, they candidly stated that probably the most important determining factor in their system's participation in preschool handicapped education was the legislative mandates at the federal and state levels. This, coupled with the subsequent demands by parents of handicapped children, was cited as the primary participation factor.

At the state level, compliance with federal law was a major contributing factor. In developing its own mandates, the Louisiana legislature assured service for the state's 3- to 5-year-old handicapped children; however, services for the birth to 2-year-old population remain a local option. This is a major concern of state administrators who would like to see a comprehensive service delivery model established statewide for children aged birth to 5 years. Many of the positive aspects of compliance with the existing mandates result from the facilitative efforts of the LEEP network, which is specially funded through a federal grant.

Models of Programs for Preschool Handicapped Children

While there are basically three program formats currently in use across the state, there are two preschool handicapped education models: home-based and center-based.

Home-based model. The home-based model may take one of three forms. In the first form, the home-based teacher, who serves 12 to 15 children, travels to the homes of the children or to the daycare centers where the children are located. Other service providers, such as therapists or APE teachers accompany the teacher periodically. Individualized instruction is provided in the security of the child's normal environment, and frequently there is a high level of parent involvement.

In the second form, the teacher's pattern is the same, but professional ancillary services are provided at a school or center. Generally, either the child's parents or a social worker transports the child to the school or center for services.

In the third form, a hospital/homebound teacher, rather than a home-based teacher, provides instruction. As far as the evaluators could ascertain, this form is used only with severely/profoundly handicapped children. Other teachers working in preschool handicapped education expressed concern about this form, for the hospital/homebound teachers are not usually trained in the preschool area, and sometimes, not in handicapped education.

Center-based model. The center-based model of preschool handicapped education is generally located on a school campus or in a special education center. The school campus settings can run the entire gamut, from preschool centers to senior high schools. The factor that generally determines the specific location of these models is available space. Personnel told evaluators that when space becomes a problem, the preschool handicapped program is the first thing to go. The evaluators actually observed an example of this in one LEA. The preschool program had been located in an elementary school that began experiencing acute overcrowding problems. Subsequently, an administrative decision was made to relocate the preschool classes to an unused cerebral palsy facility. Everyone involved, including the administrator, indicated that the decision was not a palatable one, but rather a forced choice.

Typically, the special education centers are in isolated settings and serve children ranging from preschool to high school age. Although in isolated settings, these facilities generally are superior to others in architectural adaptations for special children, variety and appropriateness of equipment, materials, and supplies, and coordination of professional ancillary services. They often enjoy a higher level of community-contributed resources than do preschool classes located on school campuses.

There are two forms of the center-based program. In the first form, the teacher and professional ancillary staff communicate regularly and frequently work together with the children in the classroom setting. There is a give and take of information for the children's benefit, and each service provider reinforces the work of the other. This form approaches the transdisciplinary model observed at the residential facilities. The LEAs remain one step away from this model, however, in that they generally do not make use of transciplinary staffings during which time there is a coordinated planning effort to design a maximally efficient and efficacious educational plan for individual children.

In the second form, the teaching staff and the professional ancillary staff--whether full-time LEA employees or contracted service providers--work independently of one another. Typically, the professional ancillary staff set a schedule that dictates when they provide services to certain children. They go to the classroom, remove the child from the classroom, go to a therapy room or other available working area, administer the therapy, and then return the child to the classroom. Other than speaking politely to the teacher upon entry and exit, there is little communication between the teacher and the professional ancillary service provider about what is being done with the child.

Summary of data analysis. The multiple-model research design used in this study involved data collection via 39 program visits, 59 class observations, 570 surveys/questionnaires, 1,020 personal interviews with program personnel and parents, 303 class profiles, 5606 individual student profiles, and more than 664 hours of on-site field work. The quantitative outcome measures used in this study included children's developmental gains in major skill areas, children's exit placement status, and kindergarten teachers' ratings of the children's performance in seven different areas.

Both qualitative and quantitative data were collected via observations and role-specific interviews and questionnaires. As a result of the data-collection effort, approximately 1200 variables were recorded in fifteen different data files. Using SAS (Statistical Analysis System), the evaluators generated simple descriptive statistics on each role-specific set of data. These statistics were computed for every item on each instrument used in the study. Special drafts of six of the instruments with the pertinent response data shown were then printed for dissemination purposes. Accompanying these evaluation products were summaries of the interview data and field notes compiled by the evaluators. These were prepared in response to requests for feedback about the study from personnel in the field.

Univariate analysis was used to generate the required descriptive statistics for the 1200 variables involved in the study. In addition to the general means and modes, parish-level or LEA program-level statistics were computed. Finally, state-level statistics were generated, with the mean data being weighted by parish/program.

These statistics were then output to a permanent SAS file, with each the data from each instrument being entered as a separate member of the file. Principal components analysis was then used to facilitate the necessary winnowing (sifting to retain most important) of the data. Following examination of the eigen-values and the scree plots (two products of canonical analysis which provide some indication as to factor variance) for each data set, the evaluators determined the number of factors that should be retained for further analysis. Next, factor scores were computed for each of these and added to the SAS file. Considerable time was then spent interpreting and naming the retained factors.

Having completed this preliminary analysis, the evaluators merged the individual members of the SAS file representing the data from each instrument, creating one data set containing all the retained predictor variables. These same procedures were followed in generating a master data set containing the dependent variables to be included in the subsequent analysis.

After merging the predictor data with the dependent variables, correlations were run between the role-specific factors and the dependent variables. A 77 x 13 matrix resulted. The communality estimate for each factor was then computed; examination of these resulted in the retention of 13 factors.

Canonical correlation was next used to analyze the relationship between the predictor data and the dependent variables. The dependent measures included in this phase of the analysis included developmental gains as indicated by performance on the Learning Accomplishment Profile (LAP) (Lemay, Griffin, & Sanford, 1977). The areas included in the analysis were fine motor (manipulation and writing), cognitive (matching and counting), language/cognitive (naming and comprehension), gross motor (body movement and object movement), and self-help (eating, dressing, grooming, toileting, and self-direction).

Retained factors. The 13 factors that were retained due to their high communality estimates were Challenges in Serving SPH Children, Program Demands, Related Service Challenges, Aspects of Working with Parents, State Program Goals, Management Liaison Responsibilities, Program Coordination Tasks, Program Entry Hurdles, Special Education Training, Preschool Naivete, Special School Administration, Supervision Training Needs, and Child Development Facilitation. Among these, the first three, respectively, were most highly correlated with selected outcomes.

Challenges in serving SPH children. While the majority of the children being served by the state's preschool program are not severely/profoundly handicapped, meeting the complex needs of those children who are is a monumental task. Evaluating these children is difficult, for there are few appropriate assessment materials available that address the very low-functioning level of such children. Once the children have been evaluated, the teacher is faced with the same paucity of materials in the curriculum area that evaluation personnel face in the assessment area. Furthermore, the health of these children is often such that an array of related services must be provided and coordinated. Many teachers reporting repeated assignment to SPH classes as a burnout factor cannot hope for progress with these children; rather, they fight a continual battle against regression. Additionally, when LEAs cannot provide services to these children in categorical classes, teachers report frustration related to using so much time to serve one SPH child who is assigned to a mild/moderate or noncategorical class...to the detriment of the other children in the class. Professional ancillary staff report a similar sense of frustration when they are forced to prioritize children according to need, and must serve the most involved children rather than those who are less involved and who could reap proportionately greater benefits from the services of the staff. Also, the SPH child is likely to be a prime candidate for extended-year services, as program staffs wage a battle against regression.

With the increasing number and degree of involvement of SPH children assigned to the program, some programs have opted to add the professional services of registered nurses and doctors to the array of services already provided.

Program demands. If one were to attempt to summarize the demands that are placed on the staff working in the preschool program for handicapped children, one comment made by a professional ancillary staff member comes to mind: "Parents expect the schools to do it all." Perhaps in no other program do the schools come as close to "doing it all" as in the preschool program for handicapped children. From the very beginning, if parents do not recognize deficits in their children or do not seek information about the program services, it is incumbent upon "the schools" to go out and find the children who are eligible for services. Next, program personnel must test the children to identify developmental delays. Even though parents may not get required medical information to the personnel that is necessary before the evaluation can proceed, the program personnel are nevertheless charged with adhering to strict timelines pertaining to the completion of the evaluation. Everything that is done must be documented, and thus, the mountain of paperwork grows. Staff at all levels--from supervisors who must report the program enrollment in different ways to different federal and state agencies, to appraisal personnel who must document children's eligibility status, to school administrators who maintain records in efforts to protect the staff in maintenance-of-health liability issues, to classroom teachers who, in addition to maintaining formative and summative evaluation data on individual children, must also maintain regression/recoupment data on the children--bemoan what they perceive as excessive amounts of paperwork. Teachers and administrators cited such paperwork requirements as a primary contributor to teacher burnout. Even among the parents who were interviewed, there were some who suggested that the paperwork, which they found overwhelming, be reduced.

In addition to the excessive paperwork, another demand of the program is that of the frequent requirement that program staff work in isolation. Personnel may be physically isolated due to the location of the program facilities, or they may be professionally isolated as the result of the lack of integration between the regular staff and the preschool staff. Many staff members, especially the classroom teachers, report that sensing that colleagues do not understand or appreciate their work is often more problematic than other program demands.

One of the positive features of the preschool program is the parent reaction to the program services and staff. Parents overwhelmingly report high levels of satisfaction with the competency of the staff, especially the classroom teachers. They also consistently give high marks to the open communication they have with the staff. This communication reassures the parents that they haven't given their children up to the schools entirely...The teachers make the parents feel like they still play a major role in educating their children. However, a demand that occurs as a result of this positive communication is the parents' subsequent high degree of reliance upon the staff--particularly the classroom teachers--as emotional sounding boards. Staff reported that it is common for parents to contact them in the evening hours and to look to them for emotional support and information. While no staff member actually objected to this, all of those interviewed acknowledged that it did make additional demands on them and cause them additional stress.

With the increase in the number of children who are physically dependent (require intermittent clean catherization, suctioning, tube feeding, etc.), teachers and other staff members are being asked to perform maintenance-of-health procedures for such children. These additional demands not only require substantial time, but also contribute to job-related stress reported by the staff. Administrators, in particular, express concern about the liability implications associated with such procedures.

Related services challenges. Some LEAs provide as many as 17 different kinds of services to handicapped preschoolers and their parents. These services run the gamut and include finding children who are eligible for program services; working with medical professionals to secure needed information about children who are referred; arranging for vision and hearing screenings; evaluating the children; determining indications for occupational, speech, or physical therapy and adapted physical education; making recommendations for placement; providing an ongoing educational program for the children; providing equipment, materials, and working space; coordinating all services offered to children and parents; and promoting smooth transition for the children when they leave the program. Analysis of the data suggests that the level of communication among the persons providing services and coordination of services is related to selected positive program outcomes. Qualitative data from the study substantiate this, for in some programs, service providers were observed working with each other, learning from each other, and reinforcing each other's work with the children. This approached the transdiciplinary model observed in the residential facilities serving handicapped preschoolers; this model was observed to be very effective. In this respect, the communication among related service providers and the coordination of their services are important, but of particular importance is the communication between the service providers and the classroom teacher.

Child gains. In reviewing the developmental gains, it is important to note that these gains occurred over a seven- to eight-month period of instruction. Also, it must be emphasized that the children, who have a wide range of exceptionalities or handicapping conditions, may not progress at a normal developmental pace.

The mean gains in the areas of fine motor writing and fine motor manipulation were 10.4 months and 10.9 months, respectively, with a range of 0 to 24 months. In the cognitive matching and cognitive naming areas, mean gains were 11.6 months and 10.1 months with a range of 0 to 36. Mean gains in the language naming and language comprehension areas were 9.6 months and 11.8 months. Gross motor (object movement and body movement) mean gains were 9.6 months and 7.7 months.

The gains in the self-help areas of eating, dressing, grooming, toileting, and self-direction should be reviewed cautiously, for many teachers either were unable to establish basal or ceiling scores, or assumed age-appropriate skill mastery and did not test those areas. These mean gains ranged from a low of 1.7 months in eating, to a high of 11.1 months in dressing.

Exit placement. Analysis of the exit placement data revealed that the projected placement for 40 percent of the children being served by the program was regular kindergarten or regular kindergarten with some support services. This figure represents 234 of the 578 children for whom data were provided. The projected placement for 44 percent of the children was self-contained classrooms, and for 16 percent, special centers or an institution.

Kindergarten performance. Kindergarten teachers' ratings of the children's performance were suprisingly high and may have been slightly inflated due to the method of data collection. In six of the seven skill areas mode-level data indicate that the kindergarten teachers most frequently rated the children as on line with the class average. In the seventh, expressive language, these teachers rated the children above the class average. The strongest showing by "graduates" of the preschool program was in their degree of independence. Fifty-one percent of the kindergarten teachers rated the children as on line with the class average or above the class average in this area. Table 5.3 summarizes the data pertaining to this outcome measure.

Table 5.3. Kindergarten teachers' ratings of the performance of 59 "graduates" of the preschool program for handicapped children

Ratings	Areas of Performance						
	Fine Motor	Gross Motor	Overall Cognitive	Degree of Independence	Social Development	Receptive Language	Expressive Language
Above class average	14%	15%	29%	19%	24%	27%	32%
On line with class average	41%	42%	39%	51%	40%	39%	31%
Satisfactory, but below class average	29%	25%	18%	24%	26%	17%	15%
Unsatisfactory	17%	17%	14%	7%	10%	17%	22%

Parent-reported outcomes. Parents representing approximately half of the programs statewide were interviewed by the evaluators. Generally, two types of outcomes were reported: child change and family effects. The most significant child change outcomes reported by the parents were in the areas of improved speech and communication skills. In the area of family effects, parents reported a sense of relief in seeing how much happier their children were after having enrolled in the program. They also reported positive family feelings related to their belief that their children might be able to attend regular kindergarten as the result of having participated in the program.

Table 5.4. Parent-reported outcomes: Child change.

Outcome	Percent reported
Improved speech	63%
Improved behavior	30%
Improved self-help skills	41%
Improved communication	60%
Other (improved motor skills, walking, independence, etc.)	41%

Table 5.5. Parent-reported outcomes: Family effects.

Outcome	Percent reported
Less turmoil, especially among siblings	26%
Freed parent to work	26%
Reduced financial strain	15%
Special child seems happier	70%
Parents more able to accept child's handicapping condition	7%
Other (child has chance to attend regular kindergarten)	30%

While these findings document the efficacy of the early education program for handicapped children in terms of its immediate effects, the limitations inherent in the study are such that the long-term effects cannot be documented. While there is evidence to indicate that children make substantial developmental gains, and that many subsequently enter regular kindergarten, there is also concern that some of these children eventually reenter the special education continuum. Given this concern and its related implications in the areas of educational programs and cost benefits, the need for a longitudinal study is apparent.

Chapter 6

Recommendations

There are 12 major recommendations that are based on the findings of this study. The recommendations are:

1. The Louisiana Early Education Program for handicapped children between the ages of 3 and 5 years should be continued in both of its present formats: center-based and home-based. In light of the current trend toward more center-based programs than home-based ones, it is also recommended that the home-based format be considered as a viable option based on the finding that the weaknesses of the center-based format are, in fact, the strengths of the home-based format. This is particularly true in the rural areas of the state.

2. The role of the regional coordinators in the Louisiana Early Education Program (LEEP) Network should be expanded to include responsibilities in the following areas:

   - curriculum training for teachers in the preschool program in their regions,
   - training in the administration of pretests and posttests, interpretation of the results, and the application of these results in instructional planning for handicapped children,
   - structuring a learning environment appropriate for young handicapped children,

- securing and disseminating information about different handicapping conditions to teachers and, via teachers, to parents,
- continuing the data-collection activities initiated in this study,
- serving as interagency liaisons and as sources of information about agencies and agency services for teachers and parents.

3. The Louisiana State Department of Education should provide direction and instructional leadership for teachers in an effort to maintain a balance between the developmental and the preacademic approaches to the education of young children. It is further recommended that the expertise of the Louisiana Early Education Program (LEEP) coordinators be used to provide ongoing guidance and technical assistance to the teaching staff statewide.

4. The Louisiana State Department of Education should conduct a longitudinal study to more fully document the efficacy of the preschool program for handicapped children in terms of both the immediate and long-term effects.

5. The Louisiana State Department of Education should use the findings of the study to elicit the cooperation of university personnel to develop preservice and inservice training programs that focus on providing teachers with the essential competencies cited by program personnel as crucial to their effective

performance in the preschool program for handicapped children.

6. The Louisiana State Department of Education, through its legal services division, should formulate and disseminate on a statewide basis a legal opinion related to the implications of the maintenance-of-health procedures and the liability of program personnel (teachers and aides) who may perform these procedures with or without medical training.

7. The Louisiana State Department of Education should review the costs and instructional effectiveness of the extend-year program and specifically, the documentation of regression-recoupment procedures followed in determining a child's eligibility for extended-year services. Based on these results, the program should be modified to provide optimum learning experiences for each individual child.

8. Child search activities need to be developed to educate the public about the range of services available to handicapped children and their parents. The child search advertisements should describe the behavior of children with developmental delays as opposed to that of "normal" children so that parents (and guardians or other adults in the family) will be aware of the signs to look for if they suspect that their child might be handicapped.

9. Eligibility guidelines in Louisiana Bulletin 1508 should be reviewed for the purpose of modifying the requirement for

related therapy services from a one-year delay to a more realistic delay, perhaps a six-month delay.

10. A transdisciplinary model should be employed in the preschool classroom using the teacher, speech therapist, and other related and support services personnel in a team teaching situation to provide a comprehensive developmental program for the children enrolled.

11. The local school system should provide a comprehensive orientation for regular school faculty, staff, and students prior to the initiation of a program for handicapped preschoolers on a school campus in an effort to promote an understanding of the goals of the program, to allay any concerns related to the program or the children, and to promote the integration of the preschool staff and students with the regular staff and students.

12. Federal guidelines that require a 10 percent handicapped population in programs such as Headstart need to be revised in view of the prevailing national trend and the Louisiana mandate to provide public school services to the handicapped population between the ages of 3 and 5 years.

Chapter 7

Dissemination

Dissemination activities designed to inform audiences about the Statewide Evaluation of the Early Education Program for Handicapped Children in Louisiana and the eventual use of its findings occurred in three stages. Initial activities focused on creating an awareness of the study among the personnel in the 65 programs across the state, and on securing their cooperation in the actual conduct of the study. Interim activities were planned to showcase the design and methodology used in light of the complex nature of this well-established program and the magnitude of the data-collection tasks. Final activities were directed toward sharing the findings and conclusions of the study with local, state, and national audiences. Additional dissemination activities consisted of on-going debriefing sessions with program personnel at the state and regional levels.

Initial Dissemination Activities

A major goal of the evaluation was to describe the critical characteristics of the statewide program. In order to ensure the attainment of this goal, the evaluators realized from the very beginning that creating awareness of the existence and purpose of the study was vital if involvement of all 65 programs was to be achieved. Additionally, the study's design used the wave movement that required the evaluators to move into a large number of randomly selected school sites for extended periods of time to interview program personnel, to observe in classrooms, and to conduct reality checks. This movement went back and forth between the discovery mode and the verification mode. To accomplish this task, the evaluators developed a dissemination plan-of-action that contributed greatly to the ease of access to program personnel and classrooms throughout the conduct of the study. This open access was considered crucial to the success of the study.

The initial dissemination activities included presentations at regional and state meetings of special education supervisors/coordinators and the Louisiana Early Education Program (LEEP) coordinators. These presentations were designed to create an awareness of the scope of the study and the sequence of data-collection activities involved in implementing the evaluation. Letters were sent to LEA superintendents and special education supervisors describing the study and requesting their cooperation in gaining access to program personnel and selected classes. Additionally, news releases that described the study's activities were developed for publication in the monthly statewide newletters mailed to special education teachers working in the program. Personal telephone calls to local programs provided the means by which schedules were set for the on-site interviews and the classroom observations. Other activities in this initial dissemination plan included personal contact with agencies that function separately from the school systems but also provide services to the 3 to 5 year-old handicapped population and their parents. This agency contact led to the description of the special state schools (see Appendix B) and the summary report of the interagency group interview (see Appendix F).

Interim Activities

The design and methodology of the study permitted the evaluators to build and manage a large data base consisting of more than 1200 variables. The wave concept of the design led to the identification of 17 kinds of services provided within the program, as well as the development and refinement of the 13 data collection instruments. Data were collected from more than 400 preschool classes in 65 programs. In view of the complex nature of the study and the massive data base involved, the processes of the evaluation became as important as its eventual products.

Formal presentations. Detailed explanations of the design and methodology employed in conducting the study plus descriptions of the preschool program formed the bases for formal presentations at state, regional and national conferences. A list of these presentations follows:

Integration of Qualitative and Quantitative Data Bases in the State wide Evaluation of Early Childhood Education Programs for Handicapped Children. Paper presented to the Sixth Annual Superintendent's Leadership Conference, Baton Rouge, Louisiana, January, 1986.

Design Implications in the Integration of Naturalistic, Qualitative, and Quantitative Elements in the Statewide Evaluation of Educational Programs for Handicapped Preschoolers. Paper presented to the American Educational Research, Division G, Southeastern Regional Conference, Baton Rouge, Louisiana, February, 1986.

Design-Attributed Findings in the Statewide Evaluation of Educational Models for Preschoolers. Paper presented to the Louisiana Educational Research Association Plenary Session, Shreveport, Louisiana, March, 1986.

Design Issues in Evaluation of Early Education Programs in Louisiana. Paper presented to the Louisiana Educational Research Association Plenary Session, Shreveport, Louisiana, March, 1986.

Programs for Handicapped Children: New Directions in Evaluation Activities. Paper presented to the Council for Exceptional Children Annual Meeting, New Orleans, Louisiana, April, 1986.

Triangulation in the Evaluation of School System Interventions. Paper presented to the American Educational Research Association Annual Meeting, San Francisco, California, April, 1986.

Results of the formal presentations. Requests for copies of papers presented at the aforementioned conferences and additional information about the study have been received from 34 states and two foreign countries--Canada and Israel. These requests were received from research and evaluation personnel and from special education program personnel at universities, regional and state service centers, state education agencies, and local school systems.

The state coordinator of the early education program in Texas requested that the evaluators present an overview of the evaluation at the May 1986 meeting of the regional coordinators of the early education program from the 20 education service centers. Following this initial presentation, the evaluators were invited to return to the September meeting for an in-depth discussion of the evaluation design, methodology, and findings. At this second meeting, the regional coordinators who were in attendance, expressed interest in replicating the Louisiana study in Texas. Preliminary discussion among the coordinators indicated that they will seriously explore with their service center directors, the possibility of developing a parallel study in Texas.

Two coordinators from Texas have requested a copy of the final summary report of the evaluation. They have indicated that they plan to use the information to document their need for a similar study.

Informal presentations at the state level. Debriefing sessions were scheduled monthly with the LEEP coordinators, and quarterly with the Assistant Superintendent for Special Educational Services, Louisiana State Department of Education. These sessions included a brief presentation synthesizing the information from a written report, followed by a question-and-answer session. The purposes of these sessions were to inform program personnel of the progress of the evaluation and to alert them to upcoming activities. Concerns and issues identified through the evaluation activities were shared with the

LEEP coordinators during these debriefing sessions.

Informal presentations at the federal level. An informal day-long debriefing session was held in June, 1986 in Washington, D.C. with the federal project officers and two representatives of the Research Management Corporation. The evaluators shared details about the scope and magnitude of the study's data-collection activities, the issues and concerns of program personnel and parents of children in the preschool program, and the preliminary findings of the study. In reviewing the extensive audit trail developed during the conduct of the study with this primary audience, the evaluators presented the 13 data collection instruments, identified and explained specific study activities, and outlined the procedures and limitations that affect the conduct of any study conducted by a state agency.

The evaluators also discussed the plans for the final technical report, the inclusion of color graphics in that report, and the writing of role-specific reports planned for distribution to local program personnel. The role-specific reports were designed to be a combination of quantitative and qualitative data. The quantitative component consists of a descriptive analysis of data collected via the data-collection instruments, whereas the qualitative portion is comprised of a brief narrative summarizing interview data collected from the special education supervisors, school administrators, child search coordinators, pupil appraisal team members, professional ancillary staff and teachers including paraprofessional staff.

While in Washington, the evaluators were also requested to explain the study's audit trail to members of a federal project at the Center for Educational Statistics, the Council of Chief State School Officers. In this presentation, the audit trail was used as the vehicle for describing the intricacies and complexities involved in an evaluation of a large complex educational program such as that targeted in the current study.

Final Dissemination Activities

The major products of the study, the final technical report and the role-specific reports, will be the focus of the final dissemination activities. These reports will be distributed to the primary audiences of the study--the U.S. Office of Education, the Louisiana Department of Education, the Louisiana Board of Elementary and Secondary Education and the Office for Special Educational Services. A copy of each report will also be sent to every LEA superintendent in the state. Each superintendent will be requested to disseminate these to program personnel within their school systems. Additionally, copies will also be sent to members of the Advisory Team and to the LEEP coordinators. Requests for the report in advance of its completion have already been received from Texas, Minnesota, Kentucky, North Carolina, and the District of Columbia.

Presentations focusing on the results of the study are scheduled in the fall of 1986 at the National and Rural Small Schools Consortium in Bellingham, Washington; the CEC/DEC National Early Childhood Conference on Children with Special Needs in Louisville, Kentucky; the American Evaluation Association Meeting in Kansas City, Missouri; and the Texas Association for Supervision and Curriculum Development in Fort Worth, Texas. Proposals for additional presentations have been submitted to the program committees for the annual meetings of the Council for Exceptional Children and the American Educational Research Association.

Based on the level of interest expressed by program personnel in the field in both Louisiana and other states, project staff anticipate numerous additional requests for formal and informal presentations of the study results as the reports of the study are disseminated at the program level.

NOTE TO THE READER

The six appendices which complete this final technical report have been bound separately. Should, for any reason, the reader not have the volume of appendices, he should contact the authors.

STATEWIDE EVALUATION OF EARLY EDUCATION PROGRAMS FOR HANDICAPPED CHILDREN IN LOUISIANA

1985-86

* APPENDICES FOR FINAL REPORT *

SEPTEMBER 1986

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Appendix A

DESIGN MATRIX: Program Definition

Sources of Information

Data Elements	LEEP (La. Early Ed. Prog.) Regional Coordinators	Supervisors/Coordinators	Administrators	Teachers	Parents	Pupil Appraisal 1. Psychologists 2. Assessment teachers 3. Social Workers	Child Search Coordinators	Professional Ancillary Staff 1. PTs 2. OTs 3. Speech therapists 4. APE teachers 5. Nurses	Paraprofessional Ancillary Staff 1. Aides 2. Attendants 3. Bus drivers	Volunteers	Kindergarten Teachers	Evaluators' observations, interviews, and data analysis	Early Childhood Environment Rating Scale
Direct, related, and supporting services provided to children and parents	+	+	+	+	+	+	+	+	+	+	+	+	
Numbers and kinds of children served by program	+	+		+								+	
Structure/format of services	+	+	+									+	
Agency services*	+	+		+	+	+	+	+				+	

+ = data source
*+ = optimum data source
* Additional sources included representatives of related agencies.

DESIGN MATRIX: Program Definition

	Sources of Information												
Data Elements	LEEP (La. Early Ed. Prog.) Regional Coordinators	Supervisors/Coordinators	Administrators	Teachers	Parents	Pupil Appraisal 1. Psychologists 2. Assessment teachers 3. Social Workers	Child Search Coordinators	Professional Ancillary Staff 1. PTs 2. OTs 3. Speech therapists 4. APE teachers 5. Nurses	Paraprofessional Ancillary Staff 1. Aides 2. Attendants 3. Bus drivers	Volunteers	Kindergarten Teachers	Evaluators' observations, interviews, and data analysis	Early Childhood Environment Rating Scale
Coordination between LEA program and other programs serving same population*	+			+			+					+	
Kinds, numbers, sex, and ethnicity of service providers												+	
Experience and training qualifications of service providers	+	+	+	+		+	+	+	+	+		+	
Types, frequencies, results, and costs of LEA-sponsored child-search activities	+				+		+					+	

+ = data source
*+ = optimum data source

* Additional sources included EIP, NICU, and related agency representatives

DESIGN MATRIX: Program Definition

Sources of Information

Data Elements	LEEP (La. Early Ed. Prog.) Regional Coordinators	Supervisors/Coordinators	Administrators	Teachers	Parents	Pupil Appraisal 1. Psychologists 2. Assessment teachers 3. Social Workers	Child Search Coordinators	Professional Ancillary Staff 1. PTs 2. OTs 3. Speech therapists 4. APE teachers 5. Nurses	Paraprofessional Ancillary Staff 1. Aides 2. Attendants 3. Bus drivers	Volunteers	Kindergarten Teachers	Evaluators' observations, interviews, and data analysis	Early Childhood Environment Rating Scale
LEA and interagency exploration of referred children's needs*	+	+		+	+							+	
Efficacy of current child-search activities	+	+		+	+		+				+	+	
Sources of referrals	+				+	+	+					+	
Interventions/education adjustments used between phases: referral, screening, evaluation and determination of eligibility	+	+											

+ = data source
*+ = optimum data source
* Additional sources included representatives from 14 related agencies

DESIGN MATRIX: Program Definition

Sources of Information

Data Elements	LEEP (La. Early Ed. Prog.) Regional Coordinators	Supervisors/Coordinators	Administrators	Teachers	Parents	Pupil Appraisal 1. Psychologists 2. Assessment teachers 3. Social Workers	Child Search Coordinators	Professional Ancillary Staff 1. PTs 2. OTs 3. Speech therapists 4. APE teachers 5. Nurses	Paraprofessional Ancillary Staff 1. Aides 2. Attendants 3. Bus drivers	Volunteers	Kindergarten Teachers	Evaluators' observations, interviews, and data analysis	Early Childhood Environment Rating Scale
Estimated number of nonreferrals	+						+*					+	
Reasons for nonreferrals					+		+*					+	
Instruments, procedures, and sources of information utilized in screening and evaluation		+				+*						+	
Numbers and kinds of service providers involved in screening and evaluation		+				+*						+	

+ = data source
*+ = optimum data source

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Kinds of assessment information used by teachers				+*		+						+	
Information differences: medical assessment and educational assessment	+	+		+		+							
Costs of assessment						+						+	
Interim between initial referral and placement: how much time? what happens?						+							

+ = data source
*+ = optimum data source

DESIGN MATRIX: Program Definition

Sources of Information

Data Elements	LEEP (La. Early Ed. Prog.) Regional Coordinators	Supervisors/Coordinators	Administrators	Teachers	Parents	Pupil Appraisal 1. Psychologists 2. Assessment teachers 3. Social Workers	Child Search Coordinators	Professional Ancillary Staff 1. PTs 2. OTs 3. Speech therapists 4. APE teachers 5. Nurses	Paraprofessional Ancillary Staff 1. Aides 2. Attendants 3. Bus drivers	Volunteers	Kindergarten Teachers	Evaluators' observations, interviews, and data analysis	Early Childhood Environment Rating Scale
Numbers and kinds of children receiving services	+			+				+				+*	
Types of extended-year services		+		+								+	
Children served in extended-year program: how many? how selected?		+			+								
Results and costs of extended-year services		+		+	+							+	

+ = data source
*+ = optimum data source

DESIGN MATRIX: Program Definition

Sources of Information

Data Elements	LEEP (La. Early Ed. Prog.) Regional Coordinators	Supervisors/Coordinators	Administrators	Teachers	Parents	Pupil Appraisal 1. Psychologists 2. Assessment teachers 3. Social Workers	Child Search Coordinators	Professional Ancillary Staff 1. PTs 2. OTs 3. Speech therapists 4. APE teachers 5. Nurses	Paraprofessional Ancillary Staff 1. Aides 2. Attendants 3. Bus drivers	Volunteers	Kindergarten Teachers	Evaluators' observations, interviews, and data analysis	Early Childhood Environment Rating Scale
Areas of costs and bearers of costs	+	+	+	+	+	+	+	+				+	
Typical day of handicapped preschooler	+	+	+	+*	+*	+	+	+	+	+		+	+
Transportation: time related concerns	+	+	+	+	+				+	+		+	
Coordination between handicapped preschool programs and kindergarten programs		+	+	+									

+ = data source
*+ = optimum data source

DESIGN MATRIX: Program Definition

Sources of Information

Data Elements	LEEP (La. Early Ed. Prog.) Regional Coordinators	Supervisors/Coordinators	Administrators	Teachers	Parents	Pupil Appraisal 1. Psychologists 2. Assessment teachers 3. Social Workers	Child Search Coordinators	Professional Ancillary Staff 1. PTs 2. OTs 3. Speech therapists 4. APE teachers 5. Nurses	Paraprofessional Ancillary Staff 1. Aides 2. Attendants 3. Bus drivers	Volunteers	Kindergarten Teachers	Evaluators' observations, interviews, and data analysis	Early Childhood Environment Rating Scale
Coordination between special education and regular education programs		+	+	+									
Internal program coordination: assessment planning implementation		+		+		+		+	+				
Expected outcomes	+	+	+	+	+	+	+	+	+	+	+	+	
State and local administrators' perceptions of program's value, scope and form, and efficacy*	+	+	+										

+ = data source
*+ = optimum data source

* Sources also included SDE Preschool Section Chief, Advisory Team, Assistant Superintendent for Special Education, and Director of Joint Project for Children and Parent Services.

DESIGN MATRIX: Program Effects

Sources of Information

Data Elements	LEEP (La. Early Ed. Prog.) Regional Coordinators	Supervisors/Coordinators	Administrators	Teachers	Parents	Pupil Appraisal 1. Psychologists 2. Assessment teachers 3. Social Workers	Child Search Coordinators	Professional Ancillary Staff 1. PTs 2. OTs 3. Speech therapists 4. APE teachers 5. Nurses	Paraprofessional Ancillary Staff 1. Aides 2. Attendants 3. Bus drivers	Volunteers	Kindergarten Teachers	Evaluators' observations, interviews, and data analysis	Early Childhood Environment Rating Scale
Actual outcomes*		+	+	+*	+*			+	+		+		
Relationship between handicapping conditions and exit placement				+								+	
Relationship between length of time in program and exit placement				+								+	
Effects of program on parents and siblings of handicapped preschoolers		+		+	+*							+	

+ = data source
*+ = optimum data source

* An additional major source was the Class and Individual Profile instrument developed by the evaluators.

DESIGN MATRIX: Program Effects

Sources of Information

Data Elements	LEEP (La. Early Ed. Prog.) Regional Coordinators	Supervisors/Coordinators	Administrators	Teachers	Parents	Pupil Appraisal 1. Psychologists 2. Assessment teachers 3. Social Workers	Child Search Coordinators	Professional Ancillary Staff 1. PTs 2. OTs 3. Speech therapists 4. APE teachers 5. Nurses	Paraprofessional Ancillary Staff 1. Aides 2. Attendants 3. Bus drivers	Volunteers	Kindergarten Teachers	Evaluators' observations, interviews, and data analysis	Early Childhood Environment Rating Scale
Perceptions of program benefits and difficulties	+	+	+	+	+	+	+	+	+	+		+	
Effects of program on LEA staff and resources		+	+										

+ = data source
++ = optimum data source

DESIGN MATRIX: Program Relationships

Data Elements	Sources of Information: LEEP (La. Early Ed. Prog.) Regional Coordinators	Supervisors/Coordinators	Administrators	Teachers	Parents	Pupil Appraisal 1. Psychologists 2. Assessment teachers 3. Social Workers	Child Search Coordinators	Professional Ancillary Staff 1. PTs 2. OTs 3. Speech therapists 4. APE teachers 5. Nurses	Paraprofessional Ancillary Staff 1. Aides 2. Attendants 3. Bus drivers	Volunteers	Kindergarten Teachers	Evaluators' Observations, interviews, and data analysis	Early Childhood Environment Rating Scale
Models of handicapped preschool programs	+	+	+	+	+	+	+	+	+	+	+	+	+
Characteristics of models related to nos. and kinds of children served, services provided, coordination, costs												+	+
Models associated with positive outcomes		+	+	+								+	+
Models that are cost-efficient	+	+	+	+	+	+	+	+	+	+	+	+	

+ = data source
*+ = optimum data source

DESIGN MATRIX: Program Relationships

Sources of Information

Questions	LEEP (La. Early Ed. Prog.) Regional Coordinators	Supervisors/Coordinators	Administrators	Teachers	Parents	Pupil Appraisal 1. Psychologists 2. Assessment teachers 3. Social Workers	Child Search Coordinators	Professional Ancillary Staff 1. PTs 2. OTs 3. Speech therapists 4. APE teachers 5. Nurses	Paraprofessional Ancillary Staff 1. Aides 2. Attendants 3. Bus drivers	Volunteers	Kindergarten Teachers	Evaluators' observations, interviews, and data analysis	Early Childhood Environment Rating Scale
To what extent do program characteristics reflect goals of enabling legislation?	+	+	+	+	+	+	+	+	+	+		+	
What factors are related to Louisiana's participation in early childhood handicapped programs?	+	+											
What factors are related to LEAs' participation in early childhood handicapped programs?		+	+									+	
What relationship do local and state administrators perceive between early childhood handicapped programs and the prekindergarten demonstration programs for high-risk youngsters?*		+	+									+	

+ = data source
*+ = optimum data source
* = An additional source was the SDE Bureau of Evaluation staff working with the demonstration projects.

DESIGN MATRIX: Expected Outcomes

Sources of Information

Expected Outcomes	LEEP (La. Early Ed. Prog.) Regional Coordinators	Supervisors/Coordinators	Administrators	Teachers	Parents	Pupil Appraisal 1. Psychologists 2. Assessment teachers 3. Social Workers	Child Search Coordinators	Professional Ancillary Staff 1. PTs 2. OTs 3. Speech therapists 4. APE teachers 5. Nurses	Paraprofessional Ancillary Staff 1. Aides 2. Attendants 3. Bus drivers	Volunteers	Kindergarten Teachers	Evaluators' observations, interviews, and data analysis	Early Childhood Environment Rating Scale
Children's improvement in motor, social, and cognitive domains	+	+	+	+*	+	+	+	+	+		+		
Children's exit placement	+	+	+	+*	+*								
Children's improvement in areas of self-esteem and independence	+	+	+	+*	+*			+	+				
Children's acquisition of school-appropriate behaviors	+	+	+	+*	+								

+ = data source
*+ = optimum data source

DESIGN MATRIX: Expected Outcomes

Sources of Information

Expected Outcomes	LEEP (La. Early Ed. Prog.) Regional Coordinators	Supervisors/Coordinators	Administrators	Teachers	Parents	Pupil Appraisal 1. Psychologists 2. Assessment teachers 3. Social Workers	Child Search Coordinators	Professional Ancillary Staff 1. PTs 2. OTs 3. Speech therapists 4. APE teachers 5. Nurses	Paraprofessional Ancillary Staff 1. Aides 2. Attendants 3. Bus drivers	Volunteers	Kindergarten Teachers	Evaluators' observations, interviews, and data analysis	Early Childhood Environment Rating Scale
Maintenance of children's educational progress				+				+			+		
Parental involvement (improved family interaction, acceptance, realistic expectations, finances, parent skills)		+		+*	+			+					
Public awareness of program services	+	+	+	+	+		+				+		
Improved coordination and communication among program staff and between LEA and related agencies	+	+	+	+	+	+		+	+				

+ = data source
*+ = optimum data source

DESIGN MATRIX: Expected Outcomes

	Sources of Information												
Expected Outcomes	LEEP (La. Early Ed. Prog.) Regional Coordinators	Supervisors/Coordinators	Administrators	Teachers	Parents	Pupil Appraisal 1. Psychologists 2. Assessment teachers 3. Social Workers	Child Search Coordinators	Professional Ancillary Staff 1. PTs 2. OTs 3. Speech therapists 4. APE teachers 5. Nurses	Paraprofessional Ancillary Staff 1. Aides 2. Attendants 3. Bus drivers	Volunteers	Kindergarten Teachers	Evaluators' observations, interviews, and data analysis	Early Childhood Environment Rating Scale
Cost-effectiveness	+	+	+	+	+	+	+	+	+		+	+	

+ = data source
*+ = optimum data source

Appendix B

Special State Schools with Preschool Programs

The term "Special State Schools" is used to include the school programs of Special School District No. 1 (SSD#1) and of the Approved Special State Schools. Special School District #1 is listed in the Louisiana School Directory as a state operated system, and its organizational structure is separate from the Office for Special Educational Services in the State Department of Education. The Approved Special State Schools are also listed in the directory with these notations--"directly responsible to the State Board of Elementary and Secondary Education, or to the State, or to a parish school system," and one, as an "independent residential state school operated by a Board of Directors."

Several of these special schools were included in the lists of teachers and classes reported as being served by the Louisiana Early Education Program (LEEP) coordinators. This led the evaluators to envision the program formats for the preschool classes for handicapped children across the state as center-based, home-based, a combination of these two, and special/residential. As observation/interview sites for the naturalistic study and waves one and two were based upon this format, two residential schools of SSD#1 and one special state school were visited during the instrument development and refinement stages of this study.

During this period, the evaluators learned that only some of the programs for handicapped preschoolers in SSD#1 and the special state schools were being included in the LEEP network, that observations at these special schools/facilities differed in the intensity and the specialization of services provided, that generally several professional personnel worked with only one child at a time, and that the types of children's handicapping conditions and the expected outcomes for them differed markedly from those observed in the LEA programs. These observed differences between programs were discussed with program personnel at the state level. The evaluators also reviewed the differences among the special programs and the local school system programs. They decided to modify the data collection activities in the special schools and not to include these data in the analysis, as their inclusion would bias the results and inaccurately describe the state's preschool program. It was decided that a description of the programs and services provided by SSD#1 and the special state schools would be included as an appendix in the technical report.

Special School District No. 1

Special School District No. 1 is a statewide district administered by the Louisiana Department of Education. Among its other responsibilities is the provision of educational services for preschool-aged handicapped children in 13 of the 15 special residential facilities for the mentally, emotionally and physically handicapped in the state. Two of these residential facilities were visited during the naturalistic study and wave one. Both facilities are located on beautifully landscaped sites that exuded serenity.

The staffing pattern is similar to that observed in other program settings in that teachers, aides, and therapists serve the children. However, because of the children's degree of involvement and subsequent placement in this facility, they are also served by an extensive medical staff. Some of the children are wards of the state; some have suffered abuse or neglect; and others are children of loving parents who have been counseled to place their child in these facilities.

The children observed here are "heart-breakers." Some of the children lie quietly in bed; others are propped up comfortably on soft bean chairs; still others are placed in special restraining or support devices. There are child-sized beds covered with pretty gingham spreads, stuffed animals that smile from atop little pillows, colorful, melodious mobiles that dangle overhead and rocking chairs that move almost silently back and forth. The facilities are immaculately clean.

During the interviews, some members of the staff indicated that they do not find working with these children intolerably depressing or stressful. They did admit, however, that the work can be emotionally draining. They also discussed the very latest research being done in areas which might affect these children. They reported that they are encouraged to attend technical and professional conferences and that they welcome the opportunity to leave the usual environment, to grow professionally, and to learn in order to provide improved services for the children in their care. Through discussion and queries, it became apparent that all members of the staff have knowledge and understanding of the physical, social, emotional, and medical ramifications of the work they are doing.

Other programs in SSD#1. A telephone survey of the other facilities in SSD#1 was conducted to determine if a formal program for children 3 to 5 years of age was available. One program that is housed in a hospital in a metropolitan area reported that five children between the ages of 3 and 5 are enrolled and classified as noncategorical preschool handicapped. At this facility, the educational program is reported to be coordinated with the medical program for each child and also serves as a teaching or internship placement for students studying psychology, music therapy, and occupational therapy. Most of the children in the program are described as neglected or abused children who have been referred to the hospital by the court.

Telephone interviews with principals of other SSD#1 facilities revealed that educational services are provided for children under the age of 6, if a request for services is received. Three principals stated that their schools do provide formal programs, while others said they had served children of that age, but none were enrolled at the time of the interview. One principal related that more young, severely involved children are being referred for placement in residential facilities now than in previous years.

Approved Special State Schools

Nine separate facilities are listed in the Louisiana School Directory as Approved Special State Schools. On-site interviews were conducted at four of these schools during the second wave of the evaluation. A classroom observation was also a part of the site visit at one school. In addition to these site visits, the evaluators also interviewed an administrator from two additional schools by telephone.

Louisiana School for the Deaf (LSD). Located on a large tract of land adjacent to the Mississippi River Road in the southern section of East Baton Rouge Parish, LSD was reported to provide residential placement and instruction for deaf students whose domicile is outside this parish. Children are accepted for residential placement after they attain the age of 3 years. The school program is a five-day-a-week program with extended instructional services in the evenings provided by the house parents.

LSD also provides services in the homes to hearing impaired children who are 0 to 3 years of age through eight itinerant teachers based around the state. These teachers make weekly home visits to instruct the children and to provide parent counseling. LSD reported that referrals for residential placement usually are channeled through these itinerant teachers from the local school systems.

Louisiana School for the Visually Impaired (LSVI). This school is situated near the downtown section of the city of Baton Rouge. The principal reported that LSVI's residential and day-care programs for children include preschoolers that are declared legally blind. The primary components of the instructional program include orientation and mobility training. Training in general living skills (self-help skills) and academic instruction.

Most children are referred to LSVI by the school district in which they reside. The school system usually screens the child and, if a visual deficit is suspected, the child is referred to the Statewide Assessment Center at LSVI. Many of the children in the school program on a residential basis are mainstreamed to other schools when it is deemed educationally feasible.

Administrators at LSVI and at LSD reported that the populations of the schools have changed recently. Previously children who were referred for placement had vision or hearing impairments only; now the children being referred generally have multiple impairments and are functioning at a low level. This population change has resulted in a reluctance by the teachers and staff to admit young, very involved children. They do not feel that they have the training or experience to manage and teach these children. One principal stated that this change in the student population has had a detrimental effect on teacher enthusiasm. He further reported that this attitude appears to be prevalent in other institutions--a conclusion he reached after conferring with administrators of similar types of schools.

Down Syndrome Project. The third site visit was to the Down Syndrome Project located in a renovated church adjacent to the university campus in Baton Rouge. The director reported that the school provides instructional services to children with Down Syndrome between the ages of 0 to 6 years as well as counseling to their parents. The project began in January 1980 and is funded by the state legislature through the State Department of Education. The director reported that she reports to the Director of Interagency Services in the Office of Special Educational Services.

Children and their parents are referred to the project primarily by the Association for Retarded Citizens, although a few children may be referred by a private obstetric/pediatric hospital. The children receive diagnostic and instructional services, and parents receive counseling, a curriculum for their child and training in its use, and information about a networking system made up of other parents of children with Down Syndrome. One teacher in the project frequently visits the home to oversee the implementation of the curriculum and training program. The other teachers provide instruction at the school for children who are 1 to 6 years of age. Most children are transported to the center by their parents.

The project also provides a service to the university by serving as a practicum site for students enrolled in psychology, special education, speech therapy, social work, and physical education. The director also noted that some students volunteer their services even when it is not a course requirement.

Human Development Center (HDC). The HDC, located in the Bayou St. John area of New Orleans, is affiliated with the LSU School of Allied Health Sciences. Researchers visited this facility during the second wave of the study, and conducted interviews with several staff members. Observations were conducted in the experimental class on the site.

It was reported that HDC provides psychological diagnostic assessment services for severely handicapped children referred to them by the local school systems in the southern half of the state. (The Children's Center, affiliated with the LSU Medical School in Shreveport, provides assessment for children in the northern parishes.) Children in the New Orleans area may receive instructional services at HDC if they are accepted by the program, but parents must provide transportation to the half-day program.

The classroom is unusual in that a transdisciplinary approach is used to integrate the services provided by the teacher and those provided by the therapists. The speech therapist was observed working with individual children in the classroom while the teacher and aide worked with the others. Instruction for the entire observation time was on a one-to-one basis.

HDC is also used by the university as a research and training facility. Students preparing for careers in social work, psychology, speech/language therapy, and other professions use the center for research and practicum experiences.

Louisiana Special Education Center (LSEC). An administrator of this center located in the Alexandria area was interviewed by telephone. She reported that the center provides residential services, 12 months a year, for orthopedically handicapped, health impaired, and multihandicapped students between the ages of 3 and 25 years. Comprehensive educational, medical, and therapeutic services are integral parts of the total program. Day-care services are also available for students residing in the surrounding parishes. At the time of the interview, the director reported having four students between the ages of 3 and 5 enrolled at LSEC.

Northeast Louisiana Special Education Center. The Northeast Louisiana Special Education Center, which operates under the umbrella of LSEC, provides day-care services for a similar population but draws its students from the Monroe city area. Full-time, direct therapeutic services are provided at the center in addition to the individualized academic program. According to the principal, who was interviewed by telephone, two preschool-aged children were enrolled in the program at the time of the interview.

Descriptions of the programs and services offered by these special programs is not meant to be all inclusive. However, it is the intent of the authors to recognize that these programs and services do exist and are essential to providing a comprehensive program for preschool handicapped children and their parents in the state.

Appendix C

Data-collection Instruments

The thirteen data-collection instruments included in this appendix are titled:

✓ 1. ADMINISTRATORS
2. ANCILLARY AND PARAPROFESSIONAL STAFF
✓ 3. CHILD SEARCH COORDINATORS
4. CLASS AND INDIVIDUAL PROFILES
5. CLASSROOM OBSERVATIONAL DATA/INTERACTION PATTERNS
6. KINDERGARTEN TEACHERS
7. LEEP/REGIONAL COORDINATORS
8. PARENTS
✓ 9. PROFESSIONAL ANCILLARY STAFF
✓ 10. PUPIL APPRAISAL
✓ 11. SUPERVISORS/COORDINATORS
✓ 12. TEACHERS
13. VOLUNTEERS

STATEWIDE EVALUATION OF EARLY EDUCATION PROGRAMS
FOR HANDICAPPED CHILDREN
IN LOUISIANA

1985-86

Questionnaire/Interview

ADMINISTRATORS

Developed by:
Betty N. Anderson
JoAnn C. Bower
Bureau of Evaluation

LOUISIANA DEPARTMENT OF EDUCATION
Thomas G. Clausen, State Superintendent

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Louisiana Department of Education

25127

Preschool Handicapped Program Evaluation

Administrators

The Louisiana Department of Education has entered into a cooperative agreement with the U.S. Office of Education to conduct a statewide study of the early education programs for handicapped children in Louisiana. The study is designed to provide program personnel and parents opportunities to showcase strengths and to suggest improvements for various program models. The study, which is NOT designed as a monitoring tool for compliance, will be a medium through which information about different program models can be disseminated. Areas of program models to be explored include, but are not limited to, the regular and related program services which are provided to children and parents, service delivery models, program formats, instructional models, physical facilities, staffing patterns, transportation, program processes, transitional efforts, interaction patterns, learning environment, staff training and experience, coordination across programs, program impact on participants and parents, and perceived benefits and difficulties of the program models.

The Bureau of Evaluation in the Office of Research and Development is conducting the study, with the cooperation of the Office of Special Educational Services. Information for the study will be collected from all school systems in the state with the assistance of each system's special education staff and the Louisiana Early Education Program coordinators. We would like to request your assistance in providing critical information about your preschool handicapped program for three- to five- year-old children. Your support and input are needed in this study, which has the potential to affect the quality of education in Louisiana. If you have any questions regarding the study or the information you are requested to provide, please feel free to call Dr. Betty Anderson or Dr. Jo Ann Bower at (504) 342-3835.

Please note: The identity of individuals, schools, and parishes will remain STRICTLY CONFIDENTIAL.

Please return this survey in the stamped, self-addressed envelope no later than December 15, 1985.

________/________/________/ ___C ___H ___B ___S
1 2 3 4 5 6 7

1. *How long have you been working with the preschool handicapped program as an administrator? (Include the current academic year.)*

8 9   1 _____ Years

2. *What are your responsibilities in the program? (Check all for which you are responsible.)*

10 16
1 _____ Budgetary
2 _____ Teaching or instructional supervision
3 _____ Evaluation of the preschool teachers
4 _____ Parent liaison
5 _____ Agency liaison
6 _____ Coordination of program activities (referral, screening, evaluation, implementation of IEP)

7 _____ Other (What?) ____

____

3. *Please indicate whether or not you have each of the certification or special training areas listed below. Also, please indicate how helpful each area is in administering your preschool handicapped program. (Check each area.)*

1. Teacher certification: special education
   17   ___have, helpful 1   ___have, not very helpful 2   ___do not have 3
2. Teacher certification: elementary education
   18   ___have, helpful 1   ___have, not very helpful 2   ___do not have 3
3. Teacher certification: secondary education
   19   ___have, helpful 1   ___have, not very helpful 2   ___do not have 3
4. Administration certification: special school
   20   ___have, helpful 1   ___have, not very helpful 2   ___do not have 3
5. Administration certification: elementary education
   21   ___have, helpful 1   ___have, not very helpful 2   ___do not have 3
6. Administration certification: secondary education
   22   ___have, helpful 1   ___have, not very helpful 2   ___do not have 3
7. Certification: counseling
   23   ___have, helpful 1   ___have, not very helpful 2   ___do not have 3
8. Early childhood development degree
   24   ___have, helpful 1   ___have, not very helpful 2   ___do not have 3
9. Other: ____
   25   ___have, helpful 1   ___have, not very helpful 2   ___do not have 3

4A. What previous experience have you had in education? (Check all that apply.)

26 35

01 _____ Special education administrator
02 _____ Elementary education administrator
03 _____ Secondary education administrator
04 _____ Special education teacher
05 _____ Elementary education teacher
06 _____ Secondary education teacher
07 _____ Early childhood development worker
08 _____ Counselor
09 _____ No previous experience that has helped

10 _____ Other____

____

4B. Write the number of the experience among those listed above that has helped you MOST in your role as administrator of a preschool handicapped program. For example, if your experience as a special education teacher has helped you most in your role as administrator of the preschool handicapped program, write "4" in the space provided.

36 37

01 _____

5. Based on your experiences, what are some of the things that happen to children as the result of their having received the services of the preschool handicapped program? (Check all that apply.)

38 46

01 _____ Children are more likely to be able to attend kindergarten in a regular school setting.
02 _____ Children acquire self-help skills that make them more independent.
03 _____ Children's self-esteem/self-confidence improves.
04 _____ Children seem happier.
05 _____ Children's behavior improves.
06 _____ Children's speech improves.
07 _____ Communication (receptive and expressive language) skills improve.
08 _____ There are few or no effects from preschool handicapped services.

09 _____ Other____

____

6. *How would you describe the coordination between the children's preschool handicapped teachers and the kindergarten teachers to whom the children may be assigned when they exit the preschool program? (Check the most appropriate.)* 47

1 _____ The two groups work together on a regularly scheduled basis.
2 _____ There is some informal communication between the two groups.
3 _____ There is little or no regular communication between the two groups.
4 _____ No children are assigned to kindergarten.

5 _____ Other____

____

7. *What are your concerns about the supply of qualified teachers, aides, and other ancillary staff (physical therapists, occupational therapists, speech therapists, adapted physical education teachers, nurses) for your program? (Check the answer that best matches your judgment.)* 48

1 _____ Currently, there is an adequate supply of fully qualified program personnel.
2 _____ There is an adequate supply, but qualifications are a concern.
3 _____ There is not an adequate supply of available personnel, but those we have are fully qualified.
4 _____ Both numbers and qualifications of available personnel are staffing problems.
5 _____ There is a problem getting the required training for the aides.
6 _____ Other____

____

8. *How has the presence of the preschool program affected the kindergarten program in your school? (Check all that apply.)* 49 56

1 _____ More exceptional children are attending kindergarten in a regular school setting.
2 _____ Additional staffing is needed in kindergarten as the result of increased enrollment of exceptional children.
3 _____ Kindergarten teachers are more receptive to the idea of having special children in their classes.
4 _____ Kindergarten teachers have difficulty accepting the additional burden of working with exceptional children in the regular classroom setting.
5 _____ Kindergarten teachers have difficulty accepting some unique features of the preschool program, such as the pupil-teacher ratio, number of aides assigned to the preschool program, and the length of day.
6 _____ There has been no observable effect on the kindergarten program.
7 _____ This does not apply to our situation, because the preschoolers leave this school site to attend kindergarten at another site.

8 _____ Other____

9. *In your opinion, how does the use of resources for the preschool handicapped program affect the availability of resources for other areas? (Check the answer that best matches your opinion.)* 57

1 _____ It has no effect.
2 _____ It reduces the resources available for other important areas.
3 _____ It has increased the resources available for other areas.

4 _____ Other____

10A. *What factors led to your system's participation in the preschool handicapped program? (Check all that apply.)* 58 62

1 _____ Funding was available.
2 _____ There was parental interest/demand.
3 _____ Legal mandates required the program.
4 _____ There was a desire to meet the needs of special children in the parish.

5 _____ Other____

10B. *Write the number of the factor among those listed above that you believed as the MOST IMPORTANT factor in your system's having a preschool handicapped program.* 63

1 _____

11. *Have you observed burnout in the teachers in the preschool handicapped program? (Check the most appropriate.)*

64

1 _____ No, I have not observed any burnout.
2 _____ Yes, I have observed burnout occasionally; usually, it has been temporary.
3 _____ Yes, I have observed burnout at the end of the school year.
4 _____ Yes, I have observed major, long-term burnout.

12A. *What factors do you believe cause burnout in the teachers in the preschool handicapped program? (Check all that apply.)*

65 70

1 _____ Repeated assignment to the more involved severe/profound classes
2 _____ Teachers' inability to "leave" these children, their needs, and their problems at school at day's end
3 _____ Lack of opportunity for these teachers to meet as a group to share common concerns
4 _____ Teaching in the extended-year program, as well as in the regular school program
5 _____ Excessive amount of paperwork required for the program

6 _____ Other____

____

12B. *Write the number of the factor among those listed above which is the PRIMARY FACTOR associated with burnout.*

71

1 _____

13A. *What things do you believe might alleviate or prevent burnout in these teachers? (Check all that apply.)*

72 78

1 _____ Rotating assignments so that the same teachers are not always assigned to the more involved severe/profound classes
2 _____ Special counseling to help teachers accept the children's needs and problems
3 _____ Opportunities for teachers to attend conferences, workshops, etc., so that they can get updated knowledge, grow professionally, and develop fresh perspectives away from their usual environments
4 _____ Release time for group sessions, during which teachers can discuss common concerns and offer one another support
5 _____ Reduction in the amount of required paperwork
6 _____ Nothing is needed to alleviate or prevent burnout.

7 _____ Other____

____

13B. *Write the number of the item listed among those above that would be MOST LIKELY to alleviate of prevent teacher burnout.*

79

1 _____

14. *Have you observed burnout in the aides who work in the preschool handicapped program? (Check the most appropriate.)*

80

1 _____ No, I have not observed any burnout.
2 _____ Yes, I have observed burnout occasionally; usually, it has been temporary.
3 _____ Yes, I have observed burnout at the end of the school year.
4 _____ Yes, I have observed major, long-term burnout.

15A. *In your opinion, what are the primary benefits parents and children receive from the preschool handicapped program? (Check all the benefits you feel they are receiving.)*

81 94

01 ______ Children acquire self-help skills and become more independent.
02 ______ Children who are developmentally delayed have an opportunity to "catch up."
03 ______ Some children who receive program services and attend kindergarten in a regular school setting could not have done so without the preschool handicapped program.
04 ______ Children demonstrate gains in the cognitive domain.
05 ______ Children demonstrate gains in the social domain.
06 ______ Children demonstrate gains in the motor domain.
07 ______ There is a reduction of parents' tension or stress once they realize the program provides someone/something to help their exceptional children.
08 ______ Parents tend to acquire more acceptance of their children's exceptionalities.
09 ______ Parents learn to have more realistic expectations for their exceptional children.
10 ______ Parents are sometimes freed, so that they can do routine things like shopping or, in some cases, seeking employment.
11 ______ There is more acceptance of exceptional children by regular education teachers and students in the school setting.
12 ______ There is more community acceptance of exceptional children.
13 ______ I can see no benefits from this program.

14 ______ Other____

____

15B. *Write the number of the benefit listed among those listed above which is the MOST IMPORTANT.*

95 96

01 ______

16A. *What difficulties have you observed in the preschool handicapped program? (Check all the difficulties you have observed.)*

97 122

01 _____ There are difficulties in securing and keeping an adequate number of teachers and other program staff.
02 _____ There are difficulties in finding qualified or trained staff.
03 _____ Funding is not adequate.
04 _____ There are difficulties in finding children who are potential qualifiers for the program.
05 _____ There are difficulties in assessing children referred for services.
06 _____ Teachers have difficulty in transporting materials to home-based settings.
07 _____ Medical evaluations frequently delay the assessment process.
08 _____ Medical evaluations are difficult to interpret.
09 _____ Parents are less involved than they should be.
10 _____ There are inadequate curricular materials available for use with low-functioning children.
11 _____ Materials/supplies are inadequate.
12 _____ The method of transporting students is unsatisfactory.
13 _____ Students spend too much time traveling to and from school.
14 _____ Program staff experience burnout.
15 _____ Physical facilities are not adequate for these children.
16 _____ The physical facilities are not located in a setting that permits integration of preschool handicapped children and regular children.
17 _____ Ancillary staff (therapists, adapted physical education teacher, nurse) do not have appropriate working space.
18 _____ There should be more or better coordination between related agencies (health unit, etc.) and program personnel.
19 _____ There should be more or better coordination among the personnel who provide different services within the program (teacher, therapists, adapted physical education teacher, assessment team members).
20 _____ It is difficult to secure special services like physical therapy, occupational therapy, etc.
21 _____ There are problems in integrating the exceptional children and the regular children.
22 _____ The quality of instructional services provided during the extended-year (summer) program is not on par with that provided during the regular year.
23 _____ There are difficulties documenting regression in order to determine children's eligibility for the extended-year program.
24 _____ The extended-year program denies some staff and children the opportunity for a needed break.
25 _____ There are difficulties in interpretation of/compliance with 1508 guidelines. Please indicate the specific areas in which these occur: ____

26 _____ Other____

16B. Write the number of the difficulty among those listed on the preceding page that causes you MOST CONCERN.

123 124

81 ______

****

Being cognizant of your heavy workload and hectic schedule, our staff would like to extend our special thanks to you for participating in this study. We cannot overemphasize the contribution you have made to the study by supplying the requested information about your preschool handicapped program.

If there are unique features, strengths, or weaknesses of your program that have not been addressed in this questionnaire, please comment in the space provided below. Also, please feel free to comment on any item on the questionnaire.

Let us once again encourage you to take advantage of this opportunity to share suggestions or concerns about the preschool handicapped program. Confidentiality is assured. Your time in providing this additional, valuable information is appreciated.

Strengths:

Suggestions for improvements:

Unique areas:

Once again, we would like to thank you for your assistance in this project.

STATEWIDE EVALUATION OF EARLY EDUCATION PROGRAMS FOR HANDICAPPED CHILDREN IN LOUISIANA

1985-86

Questionnaire/Interview

ANCILLARY AND PARAPROFESSIONAL STAFF

Developed by:
Betty N. Anderson
JoAnn C. Bower
Bureau of Evaluation

LOUISIANA DEPARTMENT OF EDUCATION
Thomas G. Clausen, State Superintendent

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Louisiana Department of Education

Preschool Handicapped Program Evaluation

Ancillary and Paraprofessional Staff

This survey is part of a study of the preschool handicapped program in Louisiana. Your answers will help us let people know about the good things the program is doing. Your answers will also help to make the program better for the children and the adults who work with them.

Your answers are CONFIDENTIAL. If you have any questions, please feel free to call Dr. Betty Anderson or Dr. Jo Ann Bower at (504) 342-3835.

Please answer every question. Return the survey in the stamped, self-addressed envelope by December 15, 1985.

8 1. *What is your job title?*

1 _____ Aide/assistant/paraprofessional (instructional)
2 _____ Aide/assistant/paraprofessional (noninstructional)
3 _____ Bus driver
4 _____ Attendant

5 _____ Other (What?) ____

____

9 10 2. *How long have you been working with the preschool handicapped program in this job? (Include the current school year.)*

1 _____ Years

11 3. *Have you had any special training that has helped to prepare you for your work in the preschool handicapped program? (Check one.)*

1 _____ Yes
2 _____ No

________/________/________/ ___C ___H ___B ___S
1 2 3 4 5 6 7

4. *What experiences have you had that helped you with this job? (Check all that you have had.)*

12 18

1 _____ Volunteer work with handicapped children
2 _____ Substitute teaching in the preschool program
3 _____ Work with church daycare program
4 _____ Work like this, but with older children
5 _____ Raising a handicapped child of my own
6 _____ Raising my own children, even though they are not handicapped

7 _____ Other (What?) ______________________________

____

5. *What made you begin working with the program? (Check the main reason.)*

19

1 _____ I have a handicapped child of my own.
2 _____ It was an opportunity to do work like volunteer work I had done before.
3 _____ I needed a job.
4 _____ I was assigned to this job.

5 _____ Other (What?) ______________________________

____

Only AIDES/ASSISTANTS/PARAPROFESSIONALS answer the items on this page.

6. What do you do in the preschool handicapped program? (Check all that apply.) 20 29

01 _____ Work with the children as the teacher tells me in the cognitive area (counting, naming, pointing out, etc.)
02 _____ Work with the children as the teacher tells me in the motor area (object/body movement, folding, cutting, coloring, etc.)
03 _____ Work with the children as the teacher tells me in the social area (playing with other children, following directions, accepting authority, etc.)
04 _____ Work with the children as the teacher tells me in the communication area (using language, understanding/responding to language)
05 _____ Work with the children as the teacher tells me in the self-help area (teaching them to feed, toilet, dress themselves, etc.)
06 _____ Provide transportation for the children
07 _____ Take care of the physical needs of the children as the teacher directs me (feeding, toileting them, etc.)
08 _____ Prepare meals for the children
09 _____ Do "housekeeping" tasks (washing dishes, laundering, etc.)

10 _____ Other (What?) ____

____

7. When do you generally work with the teacher to plan a child's program? (Check the one that best applies.) 30

01 _____ When the child is first placed
02 _____ Monthly
03 _____ Weekly
04 _____ Daily
05 _____ The teacher and I generally plan our programs separately.

8. When you are absent, is a substitute hired? (Check the one that applies to your situation.) 31

01 _____ Yes
02 _____ No

9. If you have received training for this position, when was the training conducted? (Check the one that applies to your situation.) 32

01 _____ During working hours
02 _____ On my own time, with extra pay
03 _____ On my own time, with no pay

Only BUS DRIVERS answer items on this page.

10. *Does your bus have special equipment? (Check all equipment on your bus.)*

33 37

1 _____ Wheelchair lift
2 _____ Infant seats
3 _____ Seat belts
4 _____ No special equipment

5 _____ Other____

11. *Does an aide or attendant ride your bus on a regular basis? (Check the one that applies to your situation.)*

38

1 _____ Yes
2 _____ No

12. *What is the LONGEST bus ride any of the 3-5 year-old preschool handicapped children on your bus have? (Write the number of minutes in the space provided.)*

39 41

1 _____ Minutes each day, ONE WAY

13A. *In your opinion, what are the main benefits children and parents are receiving from the preschool handicapped program? (Check each benefit you think parents and children are receiving.)*

42 55

01 _____ Children acquire self-help skills and become more independent.
02 _____ Children who are developmentally delayed have an opportunity to "catch up."
03 _____ Some children who receive program services are able to attend kindergarten in a regular school setting.
04 _____ Children demonstrate gains in the cognitive domain. (Naming things, pointing out things, recalling, counting, etc.)
05 _____ Children demonstrate gains in the social domain. (Playing with other children, following directions, accepting authority, getting used to school routines, etc.)
06 _____ Children demonstrate gains in the motor domain. (Body/object movement, folding, cutting, coloring, drawing, etc.)
07 _____ Parents don't feel as much tension or stress once they realize the program provides someone/something to help their exceptional children.
08 _____ Parents of these children learn to accept their children's exceptionalities.
09 _____ Parents of these children learn to have more realistic expectations for their exceptional children.
10 _____ Parents are sometimes freed, so that they can do routine things like shopping or, in some cases, seeking employment.
11 _____ There is more acceptance of exceptional children by regular education teachers and students in the school setting.
12 _____ There is more community acceptance of exceptional children.

13 _____ There are no benefits I can see from this program.

14 _____ Other____

____

13B. *Write the number of the benefit among those listed above that you think is MOST IMPORTANT.*

56 57

01 _____

58 83

14A. *What difficulties have you observed in the preschool handicapped program? (Check all the difficulties you have observed.)*

01 _____ There are difficulties in securing and keeping an adequate number of teachers and other program staff.
02 _____ There are difficulties in finding qualified or trained staff.
03 _____ More money is needed.
04 _____ There are difficulties in finding children who might need to be in the program.
05 _____ There are problems in testing the children who come to enroll in the program.
06 _____ Teachers have difficulty in hauling materials to home-based settings.
07 _____ Getting medical information takes too much time.
08 _____ Medical information about the children is hard to understand.
09 _____ Parents are less involved than they should be.
10 _____ Different kinds of materials are needed for the classes performing at low levels.
11 _____ More materials/supplies are needed.
12 _____ The method of transporting students is not good.
13 _____ Students spend too much time traveling to and from class.
14 _____ Program staff experience burnout.
15 _____ The building/classroom is not adequate for these children.
16 _____ The building/classroom is not located in a setting that permits integration of the preschool handicapped children and regular children.
17 _____ Ancillary staff (therapists, adapted physical education teacher, nurse) do not have good working space.
18 _____ There should be more or better coordination between agencies that work with the program (health unit, etc.) and program personnel.
19 _____ There should be more or better coordination among the people who provide different services within the program (teacher, therapists, adapted physical education teacher, assessment team members).
20 _____ It is difficult to get special services like physical therapy, occupational therapy, etc.
21 _____ There are problems in integrating the exceptional children and the regular children.
22 _____ The summer program is not so good as the regular program.
23 _____ There are difficulties in the way children are chosen for the summer program.
24 _____ The summer program denies some staff and children the opportunity for a needed break.
25 _____ There are difficulties with the laws that control the program. Please indicate the specific areas in which these occur:

____

26 _____ Other____

84 85 14B. *Write the number of the difficulty listed among those on the preceding page that causes you MOST CONCERN.*

01 ______

Our staff would like to extend special thanks to you for participating in this study. The information you have provided will be very helpful.

If there is anything else you would like to say, write it in the space below. Write anything that would help others understand the program or what you do in the program. Write any suggestions that could make the the program better.

THANK YOU FOR YOUR ASSISTANCE IN THIS PROJECT!

STATEWIDE EVALUATION OF EARLY EDUCATION PROGRAMS
FOR HANDICAPPED CHILDREN
IN LOUISIANA

1985-86

Questionnaire/Interview

CHILD SEARCH COORDINATORS

Developed by:
Betty N. Anderson
JoAnn C. Bower
Bureau of Evaluation

LOUISIANA DEPARTMENT OF EDUCATION
Thomas G. Clausen, State Superintendent

Preschool Handicapped Program Evaluation

Child Search Coordinators

The Louisiana Department of Education has entered into a cooperative agreement with the U.S. Office of Education to conduct a statewide study of the early education programs for handicapped children in Louisiana. The study is designed to provide program personnel and parents opportunities to showcase strengths and to suggest improvements for various program models. The study, which is NOT designed as a monitoring tool for compliance, will be a medium through which information about different program models can be disseminated. Areas of program models to be explored include, but are not limited to, the regular and related program services which are provided to children and parents, service delivery models, program formats, instructional models, physical facilities, staffing patterns, transportation, program processes, transitional efforts, interaction patterns, learning environment, staff training and experience, coordination across programs, program impact on participants and parents, and perceived benefits and difficulties of the program models.

The Bureau of Evaluation in the Office of Research and Development is conducting the study, with the cooperation of the Office of Special Educational Services. Information for the study will be collected from all school systems in the state with the assistance of each system's special education staff and the Louisiana Early Education Program coordinators. We would like to request your assistance in providing critical information about your preschool handicapped program for three- to five- year-old children. Your support and input are needed in this study, which has the potential to affect the quality of education in Louisiana. If you have any questions regarding the study or the information you are requested to provide, please feel free to call Dr. Betty Anderson or Dr. Jo Ann Bower at (504) 342-3835.

Please note: The identity of individuals, schools, and parishes will remain STRICTLY CONFIDENTIAL.

Please return this survey in the stamped, self-addressed envelope no later than December 15, 1985.

____

_______/_______/_______/ ___C ___H ___B ___S
1 2 3 4 5 6 7

1. *How long have you been working with the preschool handicapped program as a child search coordinator? (Include the current school year.)*

8 9

1 _____Years

2. *Approximately how much of your work time is spent as child search coordinator? (If this is your full-time job, write 100%.)*

10 12

1 _____%

3. *What are your responsiblities in the preschool handicapped program? (Check all that apply.)*

13 19

1 _____ To contact parents of children who may need program services
2 _____ To write public service announcements to disseminate information about program services
3 _____ To speak to clubs, organizations, etc., in the community to make more people aware of the program services
4 _____ To put children who are referred for screening or evaluation in touch with the appropriate assessment personnel
5 _____ To complete necessary paperwork related to referral and recommendations for screening
6 _____ To work with "kindergarten round-up" personnel in an effort to identify children who may need program services.

7 _____ Other ____

4. *Please indicate whether or not you have each of the certification or special training areas listed below. (Check how helpful EACH AREA is in performing your duties as child search coordinator.)*

1. Teacher certification: special education
___have, helpful 1 ___have, not very helpful 2 ___do not have 3
20

2. Teacher certification: elementary or secondary education
___have, helpful 1 ___have, not very helpful 2 ___do not have 3
21

3. Elementary or secondary administration certification
___have, helpful 1 ___have, not very helpful 2 ___do not have 3
22

4. Early childhood development degree
___have, helpful 1 ___have, not very helpful 2 ___do not have 3
23

5. Counseling certification
___have, helpful 1 ___have, not very helpful 2 ___do not have 3
24

6. Special inservice training
___have, helpful 1 ___have, not very helpful 2 ___do not have 3
25

7. Other: ____
___have, helpful 1 ___have, not very helpful 2 ___do not have 3
26

5A. *What previous related experience have you had? (Check all that apply.)*

27 35

01 _____ Public relations/communications work
02 _____ Work with special children in the role of _____________________
03 _____ Teaching experience
04 _____ Administrative/supervisory experience
05 _____ Work as pupil appraisal team member
06 _____ Role in handicapped advocate organization
07 _____ Counseling experience
08 _____ No previous related experience

09 _____ Other ____

____

5B. *Write the number of the experience among those listed above which has helped you most in your role as child search coordinator.*

36 37

01 _____

6. *With what agencies/professionals do you work in your role as child search coordinator? (Check all that apply.)*

38 55

01 _____ Association of Retarded Citizens
02 _____ Audiologists
03 _____ Charity hospitals
04 _____ Ear, Nose, and Throat Specialists
05 _____ Early Intervention Program
06 _____ Handicapped advocate groups
07 _____ Handicapped Children's Program (Crippled Children)
08 _____ Health clinics
09 _____ Local neonatal intensive care units
10 _____ LSU Medical Center--New Orleans
11 _____ LSU Medical Center--Shreveport
12 _____ Ministers
13 _____ Office of Mental Retardation
14 _____ Ophthalmologists
15 _____ Pediatricians
16 _____ Private hospitals
17 _____ Surgeons, neurologists, and other medical professionals not listed above

18 _____ Other ____

____

7. *Write #1, #2, and #3 beside the three sources from which the largest number of referrals are received.*

56 61

01 _____ Association of Retarded Citizens
02 _____ Audiologists
03 _____ Charity hospitals
04 _____ Ear, Nose, and Throat Specialists
05 _____ Early Intervention Program
06 _____ Handicapped advocate groups
07 _____ Handicapped Children's Program (Crippled Children)
08 _____ Health clinics
09 _____ Local neonatal intensive care units
10 _____ LSU Medical Center--New Orleans
11 _____ LSU Medical Center--Shreveport
12 _____ Ministers
13 _____ Office of Mental Retardation
14 _____ Ophthalmologists
15 _____ Pediatricians
16 _____ Private hospitals
17 _____ Surgeons, neurologists, and other medical professionals not listed above

18 _____ Other____

8. *How often does your school system sponsor these search activities? (CIRCLE the word that BEST tells how often you sponsor each activity.)*

1. Public service announcements on television/radio

62	weekly 1	monthly 2	quarterly 3	annually 4	rarely or never 5

2. Special notices in the local newspapers

63	weekly 1	monthly 2	quarterly 3	annually 4	rarely or never 5

3. Staff speeches to local clubs, organizations, etc.

64	weekly 1	monthly 2	quarterly 3	annually 4	rarely or never 5

4. Communication between neonatal intensive care units and liaison personnel

65	weekly 1	monthly 2	quarterly 3	annually 4	rarely or never 5

5. Communication between pediatricians and liaison personnel

66	weekly 1	monthly 2	quarterly 3	annually 4	rarely or never 5

6. Other (What?) ____

67	weekly 1	monthly 2	quarterly 3	annually 4	rarely or never 5

9. *What was the number of preschool handicapped children identified for screening during the 1984-85 school year? (Please write exact numbers in the appropriate blanks. Do NOT estimate; if you do not know the number, check "information not available.")*

68 70 01 _____ children (age 3)

71 73 02 _____ children (age 4)

74 76 03 _____ children (age 5)

77 04 _____ information not available

10. *What happens to a child when he is referred? Please give enough detail so that someone who is totally unfamiliar with your program would understand the process. You may have more or fewer steps than the eight spaces provided for on this survey. Use the back of this sheet if you need more space.*

1. ______________________________

2. ______________________________

3. ______________________________

4. ______________________________

5. ______________________________

6. ______________________________

7. ______________________________

8. ______________________________

11. *Which of the child search activities seem to be most successful with regard to the NUMBER OF CHILDREN identified? (Please write #1, #2, and #3 beside the top three.)*

78 83

01 _____ Public service announcements on television/radio
02 _____ Special notices in the local newspapers
03 _____ Staff speeches to local clubs, organizations, etc.
04 _____ Identification of younger brothers/sisters of children already in special education
05 _____ Communication between neonatal intensive care units and liaison personnel
06 _____ Communication between pediatricians/other professionals and liaison personnel
07 _____ Communication between clinics/health agencies and liaison personnel
08 _____ Letters sent home by children currently in school
09 _____ Word of mouth--teachers, parents of enrolled children, and other program personnel

10 _____ Other ____

____

12. *In your judgment, what percent of the three- to five-year-old children in your parish who qualify for the preschool handicapped program are referred?*

84 86

01 _____%

13A. *What are some possible reasons children are not referred? (Check all that apply.)*

87 92

01 _____ Agencies and professionals do not give parents correct information about exceptional children.
02 _____ Parents hope the child will outgrow the exceptionality.
03 _____ Parents do not want their child to be identified with other exceptional children.
04 _____ Program personnel do not succeed in letting enough parents know about program services.
05 _____ Agencies and professionals do not refer children who might qualify for program services.

06 _____ Other ____

____

13B. *Write the number of the reason among those listed above which you believe is the primary reason children are not referred.*

93 94

01 _____

14. *What are your concerns about current child search activities? (Check all that apply to your program.)*

95 100

01 _____ Not all exceptional children who need the service are reached.
02 _____ Parents don't always see or understand child search ads and other written material displayed by child search personnel.
03 _____ It is difficult to remove the stigma of special education and get people to respond.
04 _____ We document the number of children evaluated, but not the number of children who are referred and screened.
05 _____ We rely too heavily upon word-of-mouth communication for referrals.

06 _____ Other ____

____

15A. *In your opinion, what are the primary benefits parents and children receive from the preschool handicapped program? (Check all the benefits you feel they are receiving.)*

101 114

01 _____ Children acquire self-help skills and become more independent.
02 _____ Children who are developmentally delayed have an opportunity to "catch up."
03 _____ Some children who receive program services and attend kindergarten in a regular school setting could not have done so without the preschool handicapped program.
04 _____ Children demonstrate gains in the cognitive domain.
05 _____ Children demonstrate gains in the social domain.
06 _____ Children demonstrate gains in the motor domain.
07 _____ There is a reduction of parents' tension or stress once they realize the program provides someone/something to help their exceptional children.
08 _____ Parents tend to acquire more acceptance of their children's exceptionalities.
09 _____ Parents learn to have more realistic expectations for their exceptional children.
10 _____ Parents are sometimes freed, so that they can do routine things like shopping or, in some cases, seeking employment.
11 _____ There is more acceptance of exceptional children by regular education teachers and students in the school setting.
12 _____ There is more community acceptance of exceptional children.
13 _____ There are no benefits I can see from this program.

14 _____ Other ____

____

15B. *Write the number of the benefit among those listed above which is the MOST IMPORTANT benefit children and/or parents are receiving.*

115 116

01 _____

16A. What difficulties have you observed in the preschool handicapped program? (Check all difficulties you have observed.)

117 142

01 _____ There are difficulties in securing and keeping an adequate number of teachers and other program staff.
02 _____ There are difficulties in finding qualified or trained staff.
03 _____ Funding is not adequate.
04 _____ There are difficulties in finding children who are potential qualifiers for the program.
05 _____ There are difficulties in assessing children referred for services.
06 _____ Teachers have difficulty in transporting materials to home-based settings.
07 _____ Medical evaluations frequently delay the assessment process.
08 _____ Medical evaluations are difficult to interpret.
09 _____ Parents are less involved than they should be.
10 _____ There are inadequate curricular materials available for use with low-functioning children.
11 _____ Materials/supplies are inadequate.
12 _____ The method of transporting students is unsatisfactory.
13 _____ Students spend too much time traveling to and from class.
14 _____ Program staff experience burnout.
15 _____ Available physical facilities are not adequate for these children.
16 _____ The physical facilities are not located in a setting that permits integration of preschool handicapped children and regular children.
17 _____ Ancillary staff (therapists, adapted physical education teacher, nurse) do not have appropriate working space.
18 _____ There should be more or better coordination between related agencies (health unit, etc.) and program personnel.
19 _____ There should be more or better coordination among the personnel who provide different services within the program (teacher, therapists, adapted physical education teacher, assessment team members).
20 _____ It is difficult to secure special services like physical therapy, occupational therapy, etc.
21 _____ There are problems in integrating the exceptional children and the regular children.
22 _____ The quality of instructional services provided during the extended-year (summer) program is not on par with that provided during the regular year.
23 _____ There are difficulties documenting regression in order to determine children's eligibility for the extended-year program.
24 _____ The extended-year program denies some staff and children the opportunity for a needed break.
25 _____ There are difficulties in interpretation of/compliance with 1508 guidelines. Please indicate the specific areas in which these occur:

____

26 _____ Other ____

16B. *Write the number of the difficulty among those listed above which causes you MOST CONCERN.*

143 144

81 _____

****

Being cognizant of your heavy workload and hectic schedule, our staff would like to extend our special thanks to you for participating in this study. We cannot overemphasize the contribution you have made by supplying information about your program.

If there are unique areas, strengths, or weaknesses of your program that have not been addressed in this questionnaire, please comment in the space provided below. Also, please feel free to comment on any item on the questionnaire.

Let us once again encourage you to take advantage of this opportunity to share sggestions or concerns about the preschool handicapped program. Confidentiality is assured. Your time in providing this additional, valuable information is appreciated.

Strengths:

Suggestions for improvements:

Unique areas:

Once again, we would like to thank you for your assistance in this project.

STATEWIDE EVALUATION OF EARLY EDUCATION PROGRAMS FOR HANDICAPPED CHILDREN IN LOUISIANA

1985-86

Questionnaire/Interview

CLASS AND INDIVIDUAL PROFILES

Developed by:
Betty N. Anderson
JoAnn C. Bower
Bureau of Evaluation

LOUISIANA DEPARTMENT OF EDUCATION
Thomas G. Clausen, State Superintendent

Preschool Handicapped Program Evaluation

Class and Individual Profiles

The Louisiana Department of Education has entered into a cooperative agreement with the U.S. Office of Education to conduct a statewide study of the early education programs for handicapped children in Louisiana. The study is designed to provide program personnel and parents opportunities to showcase strengths and to suggest improvements for various program models. The study, which is NOT designed as a monitoring tool for compliance, will be a medium through which information about different program models can be disseminated. Areas of program models to be explored include, but are not limited to, the regular and related program services which are provided to children and parents, service delivery models, program formats, instructional models, physical facilities, staffing patterns, transportation, program processes, transitional efforts, interaction patterns, learning environment, staff training and experience, coordination across programs, program impact on participants and parents, and perceived benefits and difficulties of the program models.

The Bureau of Evaluation in the Office of Research and Development is conducting the study, with the cooperation of the Office of Special Educational Services. Information for the study will be collected from all school systems in the state with the assistance of each system's special education staff and the Louisiana Early Education Program coordinators. We would like to request your assistance in providing critical information about your preschool handicapped program for three- to five- year-old children. Your support and input are needed in this study, which has the potential to affect the quality of education in Louisiana. If you have any questions regarding the study or the information you are requested to provide, please feel free to call Dr. Betty Anderson or Dr. Jo Ann Bower at (504) 342-3835.

Please note: The identity of individuals, schools, and parishes will remain STRICTLY CONFIDENTIAL.

Please return this survey in the stamped, self-addressed envelope no later than May 1, 1986.

______/______/______/ ___C ___H ___B ___S
1 2 3 4 5 6 7

INSTRUCTIONS FOR COMPLETION

An extremely important part of this study deals with student outcomes; therefore, as a teacher in the preschool handicapped program, you play a critical role in helping us assess the impact of the program upon student performance.

This is what we would like you to do:

- * Arrange your class roll in alphabetical order.
- * Select the FIRST and the THIRD students on your roll.
- * In the spaces provided, record the information requested for each child.
- * If you use LAP-D or Early LAP as your pretest/posttest instrument, please supply ALL the information requested and return the forms to us in the stamped, self-addressed envelope.
- * If you use a pretest/posttest instrument other than LAP-D or Early LAP, please write the name of the instrument in the space below, complete the class profile information, and return the forms to us in the stamped, self-addressed envelope.

Please disregard the small superscript numbers on this form. They are data processing codes (DPC).

All materials should be returned no later than May 1, 1986.

Name of pretest/posttest instrument used: ______________________________

____

CLASS PROFILE: (All teachers report the following information for current class. Write the NUMBER of students in each category in the blank provided.)

^{8} _____ Male	^{10} _____ Black	^{14} _____ Paid lunch
^{9} _____ Female	^{11} _____ White	^{15} _____ Reduced lunch
	^{12} _____ Hispanic	^{16} _____ Free lunch
	^{13} _____ Other	^{17} _____ Not applicable

INDIVIDUAL PROFILE
FIRST CHILD ON ROLL

DPC: ____/____/____/01
1 2 3 4 5 6 7 8

Date of Birth: ____ ____ ____
Month Day Year
9 10 11 12 13 14

Sex:
15
1 ____ Male
2 ____ Female

Ethnicity:
16
1 ____ Black
2 ____ White
3 ____ Hispanic
4 ____ Other

Economic Group:
17
1 ____ Paid lunch
2 ____ Reduced lunch
3 ____ Free lunch
4 ____ Not applicable

Child's primary handicapping condition: 18 ____________

Total number of months child has received program services during the REGULAR school year(s) since first enrolling:
19 20

____ Months

For how many SUMMERS has this child received extended-year services? (Do NOT count the summer of 1986.)
21

____0 ____1 ____2 ____3

When this child exits the program, what will his or her probable placement be?
22

1 ____ Regular kindergarten
2 ____ Regular kindergarten with support (resource room)
3 ____ Self-contained classroom (special education)
4 ____ Special school/special center
5 ____ Institution

Is this estimation of probable placement
23

1 ____ your projection of the child's exit placement?
2 ____ the exit placement determined by the reevaluation team?

If this is the placement recommended by the reevaluation team, do you agree with this placement?
24

1 ____ Yes
2 ____ No
3 ____ This placement is not recommended by the reevaluation team.

*Please report *DEVELOPMENTAL AGE SCORE* in the spaces provided. Report the scores under the appropriate heading, LAP-D or Early LAP.

LAP-D

	PRETEST		*POSTTEST*
	Fine motor:		*Fine Motor:*
25 26	FM ____	27 28	FM ____
29 30	FW ____	31 32	FW ____
	Cognitive:		*Cognitive:*
33 34	CM ____	35 36	CM ____
37 38	CC ____	39 40	CC ____
	Language:		*Language:*
41 42	LN ____	43 44	LN ____
45 46	LC ____	47 48	LC ____
	Gross motor:		*Gross Motor:*
49 50	GB ____	51 52	GB ____
53 54	GO ____	55 56	GO ____
	Self-help:		*Self-help:*
57 58	SE ____	59 60	SE ____
61 62	SD ____	63 64	SD ____
65 66	SG ____	67 68	SG ____
69 70	ST ____	71 72	ST ____
73 74	SS ____	75 76	SS ____

Date of 1985-86 PRETEST:

____	____	____
Month 77 78	Day 79 80	Year 81 82

Date of 1985-86 POSTTEST:

____	____	____
Month 83 84	Day 85 86	Year 87 88

*DPC only 89 Y N

EARLY LAP

PRETEST	*POSTTEST*
Gross Motor:	*Gross Motor:*
____ 90 91	____ 92 93
Fine Motor:	*Fine Motor:*
____ 94 95	____ 96 97
Cognitive:	*Cognitive:*
____ 98 99	____ 100 101
Language:	*Language:*
____ 102 103	____ 104 105
Self-help:	*Self-help:*
____ 106 107	____ 108 109
Social/ Emotion:	*Social/ Emotion:*
____ 110 111	____ 112 113

Date of 1985-86 PRETEST:

____	____	____
Month 114 15	Day 116 17	Year 118 19

Date of 1985-86 POSTTEST:

____	____	____
Month 120 21	Day 122 23	Year 124 25

*DPC only 126 Y N

INDIVIDUAL PROFILE
THIRD CHILD ON ROLL

DPC: _____/_____/_____/03
1 2 3 4 5 6 7 8

Date of Birth: ______ ______ ______
Month 9 10 Day 11 12 Year 13 14

Sex: 15	Ethnicity: 16	Economic Group: 17
1 _____ Male	1 _____ Black	1 _____ Paid lunch
2 _____ Female	2 _____ White	2 _____ Reduced lunch
	3 _____ Hispanic	3 _____ Free lunch
	4 _____ Other	4 _____ Not applicable

Child's primary handicapping condition: 18 __________________________

Total number of months child has received program services during the REGULAR school year(s) since first enrolling:
19 20

_____ Months

For how many SUMMERS has this child received extended-year services? (Do NOT count the summer of 1986.)
21

_____0 _____1 _______2 _______3

When this child exits the program, what will his or her probable placement be?
22

1 _____ Regular kindergarten
2 _____ Regular kindergarten with support (resource room)
3 _____ Self-contained classroom (special education)
4 _____ Special school/special center
5 _____ Institution

Is this estimation of probable placement
23

1 _____ your projection of the child's exit placement?
2 _____ the exit placement determined by the reevaluation team?

If this is the placement recommended by the reevaluation team, do you agree with this placement?
24

1 _____ Yes
2 _____ No
3 _____ This placement is not recommended by the reevaluation team.

*Please report *DEVELOPMENTAL AGE SCORE* in the spaces provided. Report the scores under the appropriate heading, LAP-D or Early LAP.

LAP-D

	PRETEST		*POSTTEST*
	Fine motor:		*Fine Motor:*
25 26	FM _____	27 28	FM _____
29 30	FW _____	31 32	FW _____
	Cognitive:		*Cognitive:*
33 34	CM _____	35 36	CM _____
37 38	CC _____	39 40	CC _____
	Language:		*Language:*
41 42	LN _____	43 44	LN _____
45 46	LC _____	47 48	LC _____
	Gross motor:		*Gross Motor:*
49 50	GB _____	51 52	GB _____
53 54	GO _____	55 56	GO _____
	Self-help:		*Self-help:*
57 58	SE _____	59 60	SE _____
61 62	SD _____	63 64	SD _____
65 66	SG _____	67 68	SG _____
69 70	ST _____	71 72	ST _____
73 74	SS _____	75 76	SS _____

Date of 1985-86 PRETEST:

_____ _____ _____
Month Day Year
77 78 79 80 81 82

Date of 1985-86 POSTTEST:

_____ _____ _____
Month Day Year
83 84 85 86 87 88

EARLY LAP

PRETEST	*POSTTEST*
Gross Motor:	*Gross Motor:*
_____ 90 91	_____ 92 93
Fine Motor:	*Fine Motor:*
_____ 94 95	_____ 96 97
Cognitive:	*Cognitive:*
_____ 98 99	_____ 100 101
Language:	*Language:*
_____ 102 103	_____ 104 105
Self-help:	*Self-help:*
_____ 106 107	_____ 108 109
Social/ Emotion:	*Social/ Emotion:*
_____ 110 111	_____ 112 113

Date of 1985-86 PRETEST:

_____ _____ _____
Month Day Year
114 15 116 17 118 19

Date of 1985-86 POSTTEST:

_____ _____ _____
Month Day Year
120 21 122 23 124 25

*DPC only 89 Y N

*DPC only 126 Y N

STATEWIDE EVALUATION OF EARLY EDUCATION PROGRAMS
FOR HANDICAPPED CHILDREN
IN LOUISIANA

1985-86

Questionnaire/Interview

CLASSROOM OBSERVATIONAL DATA/INTERACTION PATTERNS

Developed by:
Betty N. Anderson
JoAnn C. Bower
Bureau of Evaluation

LOUISIANA DEPARTMENT OF EDUCATION
Thomas G. Clausen, State Superintendent

Preschool Handicapped Program Evaluation

Classroom Observation Data: _____/_____/_____ C H B S
1 2 3 4 5 6 7

8 9 *Total number of children in class:* _____

10 11	_____ Male	12 13	_____ Black	14 15	_____ Free lunch
16 17	_____ Female	18 19	_____ White	20 21	_____ Reduced lunch
		22 23	_____ Other	24 25	_____ Paid lunch
				26	_____ Not applicable

Total number of children in class who entered program . .

27 28 as *three-year* olds: _____
29 30 as *four-year* olds: _____
31 32 as *five-year* olds: _____

33 34 *Verbal:* _____
_____Intelligible speech 35 36 _____Unintelligible speech 37 38

39 40 *Nonverbal:* _____
_____Voluntary mute 41 42 _____Involuntary mute 43 44

45 46 *Ambulatory:* _____
47 48 *Nonambulatory:* _____
_____Bedfast 49 50 _____Wheelchair 51 52 _____Braces/walker 53 54

Toileting:

55 56 _____ Diapers needed
57 58 _____ In training, but not completely trained
59 60 _____ Special schedule--requires teacher/aide directive
61 62 _____ Toilet trained

Diet:

63 64 _____ Require special diet/blended foods
65 66 _____ No special diet/blended foods required

Feeding:

67 68 _____ Self-feeding
69 70 _____ Require some help in feeding
71 72 _____ Must be fed

Vision:

73 74 _____ Sighted
75 76 _____ Visually impaired
77 78 _____ Blind

Hearing:

79 80 _____ Full hearing
81 82 _____ Hearing impaired
83 84 _____ Deaf

Recorder: _____

Preschool Handicapped Program Evaluation

Observed Interaction Patterns:

The following interaction patterns were observed in five-minute segments during fine motor activities or during circle time. While frequency of student response was an area of interest, only teacher-initiated interaction was recorded. The interaction was recorded as being verbal or tactile, and as being positive, negative, or neutral (questions).

Rater: B J O (M F) (B W O)
Site:_____/_____/_____ C H B S

[1] ___ Teacher (__M __F __B __W __O)
[2] ___ Aide 1 (__M __F __B __W __O)
[3] ___ Aide 2 (__M __F __B __W __O)
[4] ___ Aide 3 (__M __F __B __W __O)

Interaction:

Student # 1 (___M ___F ___B ___W ___O)

Student # 2 (___M ___F ___B ___W ___O)

Student # 3 (___M ___F ___B ___W ___O)

Student # 4 (___M ___F ___B ___W ___O)

Student # 5 (___M ___F ___B ___W ___O)

Student # 6 (___M ___F ___B ___W ___O)

Student # 7 (___M ___F ___B ___W ___O)

Student # 8 (___M ___F ___B ___W ___O)

Student # 9 (___M ___F ___B ___W ___O)

1 7 Site Code: _____/_____/_____/ C H B S
8 Rater: B J O
9 Rater Sex: M F
10 Rater Race: B W O
11 Staff Code: 1 2 3 4
12 Staff Sex: M F
13 Staff Race: B W O
14 Student Number: 1
15 Student Sex: M F
16 Student Race: B W O
17 Total Positive Interactions: _____
18 Total Negative Interactions: _____
19 Total Neutral Interactions: _____
20 Total Verbal: _____
21 Total Negative Verbal: _____
22 Total Tactile: _____
23 Total Negative Tactile: _____
24 Total Verbal/Tactile: _____
25 Total Negative Verbal/Tactile: _____

14 Student Number: 2
15 Student Sex: M F
16 Student Race: B W O
17 Total Positive Interactions: _____
18 Total Negative Interactions: _____
19 Total Neutral Interactions: _____
20 Total Verbal: _____
21 Total Negative Verbal: _____
22 Total Tactile: _____
23 Total Negative Tactile: _____
24 Total Verbal/Tactile: _____
25 Total Negative Verbal/Tactile: _____

14 Student Number: 3
15 Student Sex: M F
16 Student Race: B W O
17 Total Positive Interactions: _____
18 Total Negative Interactions: _____
19 Total Neutral Interactions: _____
20 Total Verbal: _____
21 Total Negative Verbal: _____
22 Total Tactile: _____
23 Total Negative Tactile: _____
24 Total Verbal/Tactile: _____
25 Total Negative Verbal/Tactile: _____

14 Student Number: 4
15 Student Sex: M F
16 Student Race: B W O
17 Total Positive Interactions: _____
18 Total Negative Interactions: _____
19 Total Neutral Interactions: _____
20 Total Verbal: _____
21 Total Negative Verbal: _____
22 Total Tactile: _____
23 Total Negative Tactile: _____
24 Total Verbal/Tactile: _____
25 Total Negative Verbal/Tactile: _____

14 Student Number: 5
15 Student Sex: M F
16 Student Race: B W O
17 Total Positive Interactions: _____
18 Total Negative Interactions: _____
19 Total Neutral Interactions: _____
20 Total Verbal: _____
21 Total Negative Verbal: _____
22 Total Tactile: _____
23 Total Negative Tactile: _____
24 Total Verbal/Tactile: _____
25 Total Negative Verbal/Tactile: _____

14 Student Number: 6
15 Student Sex: M F
16 Student Race: B W O
17 Total Positive Interactions: _____
18 Total Negative Interactions: _____
19 Total Neutral Interactions: _____
20 Total Verbal: _____
21 Total Negative Verbal: _____
22 Total Tactile: _____
23 Total Negative Tactile: _____
24 Total Verbal/Tactile: _____
25 Total Negative Verbal/Tactile: _____

14 Student Number: 7
15 Student Sex: M F
16 Student Race: B W O
17 Total Positive Interactions: _____
18 Total Negative Interactions: _____
19 Total Neutral Interactions: _____
20 Total Verbal: _____
21 Total Negative Verbal: _____
22 Total Tactile: _____
23 Total Negative Tactile: _____
24 Total Verbal/Tactile: _____
25 Total Negative Verbal/Tactile: _____

14 Student Number: 8
15 Student Sex: M F
16 Student Race: B W O
17 Total Positive Interactions: _____
18 Total Negative Interactions: _____
19 Total Neutral Interactions: _____
20 Total Verbal: _____
21 Total Negative Verbal: _____
22 Total Tactile: _____
23 Total Negative Tactile: _____
24 Total Verbal/Tactile: _____
25 Total Negative Verbal/Tactile: _____

14 Student Number: 9
15 Student Sex: M F
16 Student Race: B W O
17 Total Positive Interactions: _____
18 Total Negative Interactions: _____
19 Total Neutral Interactions: _____
20 Total Verbal: _____
21 Total Negative Verbal: _____
22 Total Tactile: _____
23 Total Negative Tactile: _____
24 Total Verbal/Tactile: _____
25 Total Negative Verbal/Tactile: _____

STATEWIDE EVALUATION OF EARLY EDUCATION PROGRAMS FOR HANDICAPPED CHILDREN IN LOUISIANA

1985-86

Questionnaire/Interview

KINDERGARTEN TEACHERS

Developed by:
Betty N. Anderson
JoAnn C. Bower
Bureau of Evaluation

LOUISIANA DEPARTMENT OF EDUCATION
Thomas G. Clausen, State Superintendent

Preschool Handicapped Program Evaluation

Kindergarten Teachers

The Louisiana Department of Education has entered into a cooperative agreement with the U.S. Office of Education to conduct a statewide study of the early education programs for handicapped children in Louisiana. The study is designed to provide program personnel and parents opportunities to showcase strengths and to suggest improvements for various program models. The study, which is NOT designed as a monitoring tool for compliance, will be a medium through which information about different program models can be disseminated. Areas of program models to be explored include, but are not limited to, the regular and related program services which are provided to children and parents, service delivery models, program formats, instructional models, physical facilities, staffing patterns, transportation, program processes, transitional efforts, interaction patterns, learning environment, staff training and experience, coordination across programs, program impact on participants and parents, and perceived benefits and difficulties of the program models.

The Bureau of Evaluation in the Office of Research and Development is conducting the study, with the cooperation of the Office of Special Educational Services. Information for the study will be collected from all school systems in the state with the assistance of each system's special education staff and the Louisiana Early Education Program coordinators. We would like to request your assistance in providing critical information about your preschool handicapped program for three- to five- year-old children. Your support and input are needed in this study, which has the potential to affect the quality of education in Louisiana. If you have any questions regarding the study or the information you are requested to provide, please feel free to call Dr. Betty Anderson or Dr. Jo Ann Bower at (504) 342-3835.

Please note: The identity of individuals, schools, and parishes will remain STRICTLY CONFIDENTIAL.

Please complete this brief survey when it is given to you. The research staff will take it with them when they leave your school today.

________/________/________/ ___C ___H ___B ___S

1 2 3 4 5 6 7

******

An area of special interest in the study is that of student outcomes. Your assistance is needed to assess program impacts on pupil adaptability to school environment and exhibition of school-appropriate behaviors. As a kindergarten teacher with students who have come from the preschool handicapped program, you can judge how well these children adapt to the kindergarten setting. Look at your class roll and number the children who came from the preschool handicapped program from 1 to 5. If you have fewer than five children from that program, just number as many as you have. If you have more than five children from that program, just number the first five on your class roll.

Use the following scale of indicators to assess the performance of each of the preschool handicapped program participants you have identified. For each area, CIRCLE the letter that is closest to your assessment of each child's performance in kindergarten this year.

A = above class average
B = on line with class average
C = satisfactory, but below class average
D = unsatisfactory

These are the areas in which you will rate each child who has been a participant in the preschool handicapped program:

Fine motor development: folds, cuts, draws, colors, copies, etc.

Gross motor development: moves objects, moves body, etc.

Cognitive development: counts, names, matches, recognizes, points out, recalls, etc.

Degree of independence: works on own, exhibits self-help skills in eating, dressing, toileting, grooming, exhibits self-confidence

Social development: interacts positively with other children and adults, follows directions, adapts to daily routine, accepts authority, exhibits school-appropriate behaviors

Communication: uses receptive language, understands what is said

Communication: uses expressive language, expresses self in language

Student #1:

Fine Motor Development:	A	B	C	D
Gross Motor Development:	A	B	C	D
Cognitive Development:	A	B	C	D
Degree of Independence:	A	B	C	D
Social Development:	A	B	C	D
Receptive Communication:	A	B	C	D
Expressive Communication:	A	B	C	D

Student #2:

Fine Motor Development:	A	B	C	D
Gross Motor Development:	A	B	C	D
Cognitive Development:	A	B	C	D
Degree of Independence:	A	B	C	D
Social Development:	A	B	C	D
Receptive Communication:	A	B	C	D
Expressive Communication:	A	B	C	D

Student #3:

Fine Motor Development:	A	B	C	D
Gross Motor Development:	A	B	C	D
Cognitive Development:	A	B	C	D
Degree of Independence:	A	B	C	D
Social Development:	A	B	C	D
Receptive Communication:	A	B	C	D
Expressive Communication:	A	B	C	D

Student #4:

Fine Motor Development: A B C D

Gross Motor Development: A B C D

Cognitive Development: A B C D

Degree of Independence: A B C D

Social Development: A B C D

Receptive Communication: A B C D

Expressive Communication: A B C D

Student #5:

Fine Motor Development: A B C D

Gross Motor Development: A B C D

Cognitive Development: A B C D

Degree of Independence: A B C D

Social Development: A B C D

Receptive Communication: A B C D

Expressive Communication: A B C D

Being cognizant of your heavy workload and hectic schedule, our staff would like to extend our special thanks to you for participating in this study. We cannot overemphasize the contribution you have made by supplying the requested information.

If there is something you would like to share with us about the preschool handicapped children whom you have taught, please indicate it on this page. You may be completely candid, as your identity, as well as that of your school and your parish, will remain anonymous according to the ethics of research.

We encourage you to take advantage of this opportunity to share suggestions or concerns about the preschool handicapped program. Your time in providing this additional, valuable information is appreciated.

THANK YOU FOR YOUR ASSISTANCE IN THIS STUDY!

STATEWIDE EVALUATION OF EARLY EDUCATION PROGRAMS
FOR HANDICAPPED CHILDREN
IN LOUISIANA

1985-86

Questionnaire/Interview

LEEP/REGIONAL COORDINATORS

Developed by:
Betty N. Anderson
JoAnn C. Bower
Bureau of Evaluation

LOUISIANA DEPARTMENT OF EDUCATION
Thomas G. Clausen, State Superintendent

Preschool Handicapped Program Evaluation

LEEP/Regional Coordinators

The Louisiana Department of Education has entered into a cooperative agreement with the U.S. Office of Education to conduct a statewide study of the early education programs for handicapped children in Louisiana. The study is designed to provide program personnel and parents opportunities to showcase strengths and to suggest improvements for various program models. The study, which is NOT designed as a monitoring tool for compliance, will be a medium through which information about different program models can be disseminated. Areas of program models to be explored include, but are not limited to, the regular and related program services that are provided to children and parents, service delivery models, program formats, instructional models, physical facilities, staffing patterns, transportation, program processes, transitional efforts, interaction patterns, learning environment, staff training and experience, coordination across programs, program impact on participants and parents, and perceived benefits and difficulties of the program models.

The Bureau of Evaluation in the Office of Research and Development is conducting the study with the cooperation of the Office of Special Educational Services. Information for the study will be collected from all school systems in the state with the assistance of each system's special education staff and the Louisiana Early Education Program coordinators. We would like to request your assistance in providing critical information about your preschool handicapped program for three- to five-year-old children. Your support and input are needed in this study, which has the potential to affect the quality of education in Louisiana. If you have any questions regarding the study or the information you are requested to provide, please feel free to call Dr. Betty Anderson or Dr. Jo Ann Bower at (504) 342-3835.

Please note: The identity of individuals, schools, and parishes will remain STRICTLY CONFIDENTIAL.

Please return this survey in the stamped, self-addressed envelope no later than December 15, 1985.

______/______/______/ ___C ___H ___B ___S
1 2 3 4 5 6 7

1. *Are you a LEEP coordinator or a regional coordinator? (Check the one that best applies.)*

8 9

01 _____ LEEP coordinator 02 _____ Regional coordinator

2. *How long have you been involved with preschool handicapped programs as a coordinator?*

10 11

01 _____ Years

12 20 3. *What special training/special certification have you received?*

1. Speech therapy
12 1___have, helpful 2___have, not very helpful 3___do not have

2. Special education (What areas?)______________________________________

____
13 1___have, helpful 2___have, not very helpful 3___do not have

3. Kindergarten certification
14 1___have, helpful 2___have, not very helpful 3___do not have

4. Elementary or secondary teacher certification
15 1___have, helpful 2___have, not very helpful 3___do not have

5. Elementary or secondary administration certification
16 1___have, helpful 2___have, not very helpful 3___do not have

6. Counseling certification
17 1___have, helpful 2___have, not very helpful 3___do not have

7. Early childhood development degree
18 1___have, helpful 2___have, not very helpful 3___do not have

8. Home economics degree
19 1___have, helpful 2___have, not very helpful 3___do not have

9. Other (What?)____
20 1___have, helpful 2___have, not very helpful 3___do not have

21 3B. *Write the number of the training area among those listed above that has helped you most in your role as coordinator.*

01 _____

4. *What experience have you had in the field of education? (Check each area.)*

1. Teacher: special education
22 ___$_1$have, helpful ___$_2$have, not very helpful ___$_3$do not have

2. Teacher: elementary education
23 ___$_1$have, helpful ___$_2$have, not very helpful ___$_3$do not have

3. Teacher: secondary education
24 ___$_1$have, helpful ___$_2$have, not very helpful ___$_3$do not have

4. Administrator: special education
25 ___$_1$have, helpful ___$_2$have, not very helpful ___$_3$do not have

5. Administrator: elementary education
26 ___$_1$have, helpful ___$_2$have, not very helpful ___$_3$do not have

6. Administrator: secondary education
27 ___$_1$have, helpful ___$_2$have, not very helpful ___$_3$do not have

7. Counselor
28 ___$_1$have, helpful ___$_2$have, not very helpful ___$_3$do not have

8. Parish supervisor: special education
29 ___$_1$have, helpful ___$_2$have, not very helpful ___$_3$do not have

9. Parish supervisor: Other (What?)______________________________
30 ___$_1$have, helpful ___$_2$have, not very helpful ___$_3$do not have

10. Early childhood development work
31 ___$_1$have, helpful ___$_2$have, not very helpful ___$_3$do not have

11. Other (What?)____
32 ___$_1$have, helpful ___$_2$have, not very helpful ___$_3$do not have

4B. *Write the item number of the experience included in the above list that has helped you most in your role as coordinator.*

33 34

01 _____

5A. *What are your responsibilities in the preschool handicapped programs? (Check all that apply.)*

35 45

01 _____ Write monthly newsletter to supervisors/teachers in region
02 _____ Provide inservice sessions for personnel in my region
03 _____ Provide on-location technical assistance to teachers on a periodic basis
04 _____ Perform budgetary functions
05 _____ Perform instructional functions
06 _____ Act as parent liaison
07 _____ Act as agency liaison
08 _____ Act as SDE/LEA liaison
09 _____ Collect data
10 _____ Coordinate within program--referral, screening, evaluation, implementation of IEP

11 _____ Other____

____

5B. *Write the item number of the responsibility included in the above list that requires most of your time.*

46 47

01 _____

6A. *When you plan conferences, workshops, etc. for teachers in your region, who pays consultants' fees, substitute teachers' salaries, teacher transportation costs, and other related expenses?*

____

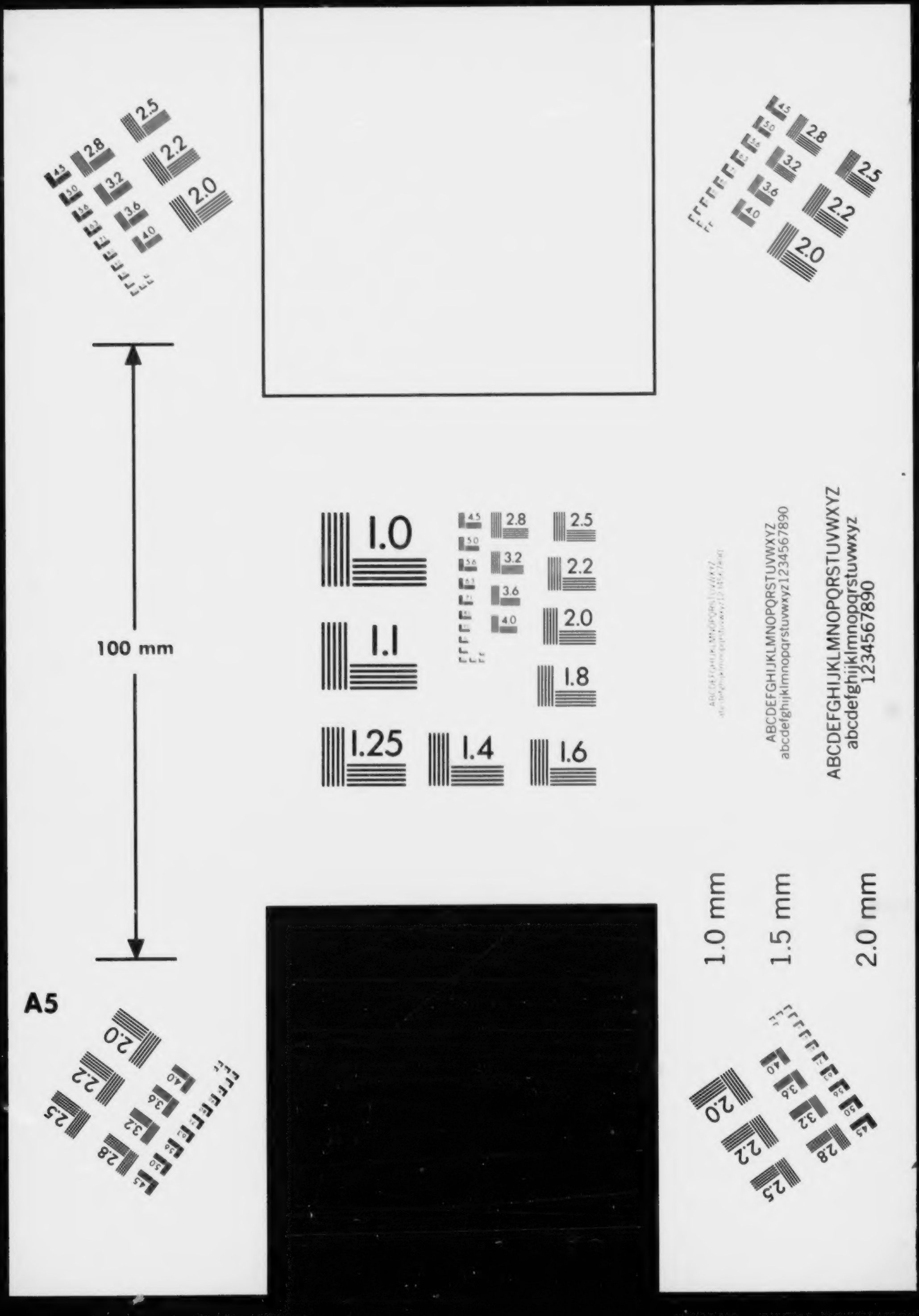
____

____

6B. *What sources of funding are used by the payer?*

____

____


PG
100 mm
A5
1.0
1.1
1.25
1.4
1.6
1.8
2.0
2.2
2.5
2.8
3.2
3.6
4.0
4.5
5.0
5.6
6.3
7.1
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz1234567890
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
1234567890
1.0 mm
1.5 mm
2.0 mm

7. *Look at each feature below. Check whether the feature tends to be SIMILAR for most programs or whether it is typically DIFFERENT from program to program.*

48 49

1. *Curriculum used:* 01 ___ Similar 02 ___ Different

50 51

2. *Type of physical facilities:* 01 ___ Similar 02 ___ Different

52 53

3. *Location of physical facilities:* 01 ___ Similar 02 ___ Different

54 55

4. *Appropriate working space for ancillary staff (therapists, adapted physical education teacher, nurse):*
01 ___ Similar 02 ___ Different

56 57

5. *Teacher qualifications:* 01 ___ Similar 02 ___ Different

58 59

6. *Supply of available personnel:*
01 ___ Similar 02 ___ Different

60 61

7. *Teacher/pupil ratio:* 01 ___ Similar 02 ___ Different

62 63

8. *Length of instructional day:* 01 ___ Similar 02 ___ Different

64 65

9. *Type of transportation:* 01 ___ Similar 02 ___ Different

64 65

10. *Type of extended services:* 01 ___ Similar 02 ___ Different

66 67

11. *Special equipment used with the children:*
01 ___ Similar 02 ___ Different

68 69

12. *Interagency coordination:* 01 ___ Similar 02 ___ Different

70 71

13. *Coordination within program (referral, screening, evaluation, implementation of IEP, etc.):*
01 ___ Similar 02 ___ Different

72 73

14. *Coordination between preschool teachers of handicapped children and kindergarten teachers to whom the children may be assigned when they exit the preschool handicapped program:*
01 ___ Similar 02 ___ Different

74 75

15. *Amount of funding:* ^{01} ___ Similar ^{02} ___ Different

76 77

16. *Type of funding:* ^{01} ___ Similar ^{02} ___ Different

78 79

17. *Attitudes of school administrators:*
^{01} ___ Similar ^{02} ___ Different

80 81

18. *Parent involvement:* ^{01} ___ Similar ^{02} ___ Different

82 83

19. *Numbers and kinds of volunteer services:*
^{01} ___ Similar ^{02} ___ Different

84 85

20. *Integration of the exceptional children and the regular children:*
^{01} ___ Similar ^{02} ___ Different

86 87

21. *Other (What?)*____

____:
^{01} ___ Similar ^{02} ___ Different

8. *How do extended-year services offered by the parishes in your region differ from one another? (Check all that apply.)*

88 01 _____ There is no difference.

89 02 _____ Some parishes do not offer extended services.

90 03 _____ The selection procedure for the student participants varies from parish to parish.

91 04 _____ The selection procedure for teachers and ancillary staff varies from parish to parish.

92 05 _____ The program format (center-based, home-based, combination) varies from parish to parish.

93 06 _____ The overall length of the extended services varies from parish to parish (all summer versus a few weeks, for example)

94 07 _____ The length of the instructional day varies from parish to parish.

95 08 _____ The instructional activities vary from parish to parish.

96 09 _____ The quality of instruction varies from program to program.

97 10 _____ Other (What?)____

____

____

9. *How do extended-year services differ from regular-session services? (Check all that apply.)*

98 01 _____ The number of children served differs.

99 02 _____ The instructional staff is different.

100 03 _____ The instructional program is different.

101 04 _____ The length of the instructional day is shorter.

102 05 _____ The program format (home-based, center-based) changes. (That is, center-based children may be served in the home during extended-year services, or vice versa.)

103 06 _____ Other (What?)____

____

10. *What are the funding sources for the preschool handicapped programs?*

104 111

01 _____ Federal funds: 02 _____ 94:142 03 _____ 89:313 04 _____ Other

05 _____ State funds

06 _____ Local funds

07 _____ Special, contributed funds (civic organizations, etc.)

08 _____ Other (What?)_______________________________________

11A. *In your opinion, what are the primary benefits parents and children receive from the preschool handicapped program? (Check all the benefits you feel they are receiving.)*

112 125

01 _____ Children acquire self-help skills and become more independent.
02 _____ Children who are developmentally delayed have an opportunity to "catch up."
03 _____ Some children who receive program services and attend kindergarten in a regular school setting could not have done so without the preschool handicapped program.
04 _____ Children demonstrate gains in the cognitive domain.
05 _____ Children demonstrate gains in the social domain.
06 _____ Children demonstrate gains in the motor domain.
07 _____ There is a reduction of parents' tension or stress once they realize the program provides someone/something to help their exceptional children.
08 _____ Parents tend to acquire more acceptance of their children's exceptionalities.
09 _____ Parents learn to have more realistic expectations for their exceptional children.
10 _____ Parents are sometimes freed so that they can do routine things like shopping or, in some cases, seeking employment.
11 _____ There is more acceptance of exceptional children by regular education teachers and students in the school setting.
12 _____ There is more community acceptance of exceptional children.
13 _____ I can see no benefits from this program.

14 _____ Other____

____

11B. *Write the number of the benefit among those listed above which is the MOST IMPORTANT benefit parents and/or children are receiving.*

126 127

01 _____

12A. What difficulties have you observed in the preschool handicapped program? (Check all the difficulties you have observed.)

128 153

01 _____ There are difficulties in securing and keeping an adequate number of teachers and other program staff.
02 _____ There are difficulties in finding qualified or trained staff.
03 _____ Funding is not adequate.
04 _____ There are difficulties in finding children who are potential qualifiers for the program.
05 _____ There are difficulties in assessing children referred for services.
06 _____ Teachers have difficulty in transporting materials to home-based settings.
07 _____ Medical evaluations frequently delay the assessment process.
08 _____ Medical evaluations are difficult to interpret.
09 _____ Parents are less involved than they should be.
10 _____ Available curricular materials are inadequate for use with with low-functioning children.
11 _____ Materials/supplies are inadequate.
12 _____ The method of transporting students is unsatisfactory.
13 _____ Students spend too much time traveling to and from school.
14 _____ Program staff experience burnout.
15 _____ Physical facilities are not adequate for these children.
16 _____ The physical facilities are not located in a setting that permits integration of preschool handicapped children and regular children.
17 _____ Ancillary staff (therapists, adapted physical education teacher, nurse) do not have appropriate working space.
18 _____ There should be more or better coordination between related agencies (health unit, etc.) and program personnel.
19 _____ There should be more or better coordination among the personnel who provide different services within the program (teacher, therapists, adapted physical education teacher, assessment team members).
20 _____ It is difficult to secure special services like physical therapy, occupational therapy, etc.
21 _____ There are problems in integrating the exceptional children and the regular children.
22 _____ The quality of instructional services provided during the extended-year (summer) program is not on par with that provided during the regular year.
23 _____ There are difficulties documenting regression in order to determine children's eligibility for the extended-year program.
24 _____ The extended-year program denies some staff and children the opportunity for a needed break.
25 _____ There are difficulties in interpretation of/compliance with 1508 guidelines. Please indicate the specific areas in which these occur:

____

26 _____ Other_______________________________________

12B. *Write the number of the difficulty among those listed on the preceding page that causes you MOST CONCERN.*

154 155

01 _____

13. *What would preschool handicapped programs stand to lose if there were no coordinators? (Check all that apply.)*

156 161

01 _____ No monthly newsletter to keep teachers and supervisors informed about important events, legislation, research, etc.

02 _____ Reduction in amount of inservice education designed especially for teachers of preschool handicapped children

03 _____ No on-site technical assistance provided to the teachers of preschool handicapped children

04 _____ Less data collection

05 _____ Less interagency coordination

06 _____ Other (What?)______________________________

____

****

Recognizing your heavy workload and hectic schedule, our staff would like to extend our special thanks to you for participating in this study. We cannot overemphasize the contribution you have made to the study by supplying the requested information about your preschool handicapped program.

If there are unique features, strengths, or weaknesses of your program that have not been addressed in this questionnaire, please comment in the space provided below. Also, please feel free to comment on any item on the questionnaire.

Let us once again encourage you to take advantage of this opportunity to share suggestions or concerns about the preschool handicapped program. Confidentiality is assured. Your time in providing this additional, valuable information is appreciated.

Strengths:

Suggestions for improvements:

Unique areas:

Once again, we would like to thank you for your assistance in this project.

STATEWIDE EVALUATION OF EARLY EDUCATION PROGRAMS FOR HANDICAPPED CHILDREN IN LOUISIANA

1985-86

Questionnaire/Interview

PARENTS

Developed by:
Betty N. Anderson
JoAnn C. Bower
Bureau of Evaluation

LOUISIANA DEPARTMENT OF EDUCATION
Thomas G. Clausen, State Superintendent

Preschool Handicapped Program Evaluation

Parents

The Louisiana Department of Education has entered into a cooperative agreement with the U.S. Office of Education to conduct a statewide study of the early education programs for handicapped children in Louisiana. The study is designed to provide program personnel and parents opportunities to showcase strengths and to suggest improvements for various program models. Your support and input are needed in this study, which has the potential to affect the quality of education in Louisiana. You were recommended by local education personnel who were requested to select parents who could provide valuable information for this study. Parents representing every parish in the state will be contacted and asked to share their ideas about the preschool handicapped program. All information collected will be handled in a manner that will assure confidentiality, not only of the parents, but also that of the cooperating school system as well. The interview takes approximately 10 minutes. Would you be free to talk now?

1. What is your child's handicapping condition? (Check one.)

1 ______ Speech impaired
2 ______ Hearing impaired
3 ______ Deaf
4 ______ Vision impaired
5 ______ Blind
6 ______ Emotionally disturbed/Behavior disordered
7 ______ Mildly/moderately mentally handicapped
8 ______ Autistic
9 ______ Orthopedically handicapped
10 ______ Severe language disordered
11 ______ Deaf/blind
12 ______ Other health impaired
13 ______ Multi-handicapped

14 ______ Other____

________/________/________/ ___C ___H ___B ___S
1 2 3 4 5 6 7

9 10 2. *How old was your child when you became aware that he or she had a special need?*

1 _____ Months old

11 16 3. *How did you find out? (Check all that apply.)*

1 _____ Doctor/other professional suspected a problem.
2 _____ Child demonstrated speech difficulty/delay.
3 _____ Child behaved differently from other children.
4 _____ Staff at daycare center suggested that there might be a problem.
5 _____ Kindergarten teacher suspected a problem.

6 _____ Other____

____

17 21 4. *Before you learned of the preschool program, what kind of help did you receive in working with your child? (Check all that apply.)*

1 _____ None
2 _____ Doctor/other professional helped.
3 _____ Clinic/health agencies helped.
4 _____ Special organization (OMR, for example) helped.

5 _____ Other____

____

22 29 5. *How did you learn about this particular program? (Check all that apply.)*

1 _____ Doctor/other professional told us.
2 _____ Staff at the clinic/health agency told us.
3 _____ There was an ad in the newspaper.
4 _____ There was an ad on radio/television.
5 _____ The parent of another handicapped child told us.
6 _____ The school contacted us.
7 _____ A neighbor told us.

8 _____ Other____

____

6. *What services does your child receive from the program? (Check all that apply.)*

30 36

1 _____ Special instructional program
2 _____ Special transportation
3 _____ Speech therapy
4 _____ Physical therapy
5 _____ Occupational therapy
6 _____ Gets special devices, equipment (special shoes, crutches, hearing aids, etc.)

7 _____ Other____

____

7. *How has your child changed since receiving the program services? (Check all that apply.)*

37 42

1 _____ There has been no change.
2 _____ Speech has improved.
3 _____ Behavior has improved.
4 _____ Child can do more self-help kinds of activities.
5 _____ Child's ability to communicate has improved.

6 _____ Other____

____

8. *What services have YOU received from the program? (Check all that apply.)*

43 48

1 _____ None
2 _____ Counseling from staff about my child's problem
3 _____ Regular conferences to keep me informed about my child's progress
4 _____ Special training in techniques to use with my special child
5 _____ Parent-to-parent support group contact

6 _____ Other____

____

9. *How has having your child in the program affected your family? (Check all that apply.)*

49 56

1 _____ There has been no noticeable effect.

2 _____ There is less turmoil, especially between the special child and his brothers/sisters.

3 _____ It has freed one parent to work outside the home.

4 _____ The special services have relieved some of the financial strain.

5 _____ Our expectations of our special child have changed.

6 _____ Our special child seems happier.

7 _____ We are more able to accept our child's exceptionality.

8 _____ Other____

Additional comments/notes related to this item:

10. *How does your child get to school? (Check one.)* 57

1 _____ Regular school bus
2 _____ Special school bus
3 _____ Parents transport with reimbursement
4 _____ Parents transport without reimbursement

11. *How much time does it take for your child to get to school in the MORNING?* 58 60

1 _____ Minutes

12. *How much time does it take for your child to get home from school in the AFTERNOON?* 61 63

1 _____ Minutes

13. *What do you expect will happen to your child when he leaves this program? (Check the one that best applies to your child.)* 64

1 _____ He will be placed in a special education setting at a regular school.
2 _____ He will attend regular kindergarten, but will receive some special support services.
3 _____ He will attend regular kindergarten.
4 _____ We don't know.

5 _____ Other____

____

14. *Do you have any other children in a special education setting? (Check the one that applies.)* 65

_____Yes
_____No

15. What do you like about the program?

1. ______________________________
____
2. ______________________________
____
3. ______________________________
____
4. ______________________________
____

16. What needs to be changed in the program?

1. ______________________________
____
2. ______________________________
____
3. ______________________________
____
4. ______________________________
____

THANK YOU FOR YOUR ASSISTANCE IN THIS PROJECT!

STATEWIDE EVALUATION OF EARLY EDUCATION PROGRAMS FOR HANDICAPPED CHILDREN IN LOUISIANA

1985-86

Questionnaire/Interview

PARENTS

Developed by:
Betty N. Anderson
JoAnn C. Bower
Bureau of Evaluation

LOUISIANA DEPARTMENT OF EDUCATION
Thomas G. Clausen, State Superintendent

Preschool Handicapped Program Evaluation

Parents

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1 2 3 4 5 6 7

2. *How old was your child when you became aware that he or she had a special need?* 9 10

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1 _____ None
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____

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7 _____ A neighbor told us.

8 _____ Other____

____

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Additional comments/notes related to this item:

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1 _____ Minutes

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3 _____ He will attend regular kindergarten.
4 _____ We don't know.

5 _____ Other____

____

14. *Do you have any other children in a special education setting? (Check the one that applies.)* 65

_____Yes
_____No

15. *What do you like about the program?*

1. ____
____

2. ____
____

3. ____
____

4. ____
____

16. *What needs to be changed in the program?*

1. ____
____

2. ____
____

3. ____
____

4. ____
____

THANK YOU FOR YOUR ASSISTANCE IN THIS PROJECT!

STATEWIDE EVALUATION OF EARLY EDUCATION PROGRAMS FOR HANDICAPPED CHILDREN IN LOUISIANA

1985-86

Questionnaire/Interview

PROFESSIONAL ANCILLARY STAFF

Developed by:
Betty N. Anderson
JoAnn C. Bower
Bureau of Evaluation

LOUISIANA DEPARTMENT OF EDUCATION
Thomas G. Clausen, State Superintendent

Preschool Handicapped Program Evaluation

Professional Ancillary Staff (PT, OT, ST, APE Teacher, Nurse)

The Louisiana Department of Education has entered into a cooperative agreement with the U.S. Office of Education to conduct a statewide study of the early education programs for handicapped children in Louisiana. The study is designed to provide program personnel and parents opportunities to showcase strengths and to suggest improvements for various program models. The study, which is NOT designed as a monitoring tool for compliance, will be a medium through which information about different program models can be disseminated. Areas of program models to be explored include, but are not limited to, the regular and related program services which are provided to children and parents, service delivery models, program formats, instructional models, physical facilities, staffing patterns, transportation, program processes, transitional efforts, interaction patterns, learning environment, staff training and experience, coordination across programs, program impact on participants and parents, and perceived benefits and difficulties of the program models.

The Bureau of Evaluation in the Office of Research and Development is conducting the study, with the cooperation of the Office of Special Educational Services. Information for the study will be collected from all school systems in the state with the assistance of each system's special education staff and the Louisiana Early Education Program coordinators. We would like to request your assistance in providing critical information about your preschool handicapped program for three- to five- year-old children. Your support and input are needed in this study, which has the potential to affect the quality of education in Louisiana. If you have any questions regarding the study or the information you are requested to provide, please feel free to call Dr. Betty Anderson or Dr. Jo Ann Bower at (504) 342-3835.

Please note: The identity of individuals, schools, and parishes will remain STRICTLY CONFIDENTIAL.

Please return this survey in the stamped, self-addressed envelope no later than December 15, 1985.

________/________/________/ ___C ___H ___B ___S

1 2 3 4 5 6 7

1. *What is your job title?* 8

1 ______ Speech therapist
2 ______ Physical therapist
3 ______ Occupational therapist
4 ______ Adapted physical education teacher
5 ______ Registered nurse
6 ______ Licensed practical nurse

7 ______ Other____

____

2. *How long have you been working with the preschool handicapped program in your present role? (Include the current academic year.)* 9 10

1 ______ Years

3. *Please indicate whether or not you have each of the certification or special training areas listed below. Check how helpful each area is in performing your duties as a member of the preschool handicapped program staff. (Check the appropriate response in each area.)*

1. Teacher certification: special education
1 ___have, helpful   2 ___have, not very helpful   3 ___do not have 11

2. Teacher certification: elementary or secondary education
1 ___have, helpful   2 ___have, not very helpful   3 ___do not have 12

3. Teacher certification: adapted physical education
1 ___have, helpful   2 ___have, not very helpful   3 ___do not have 13

4. Elementary or secondary administration certification
1 ___have, helpful   2 ___have, not very helpful   3 ___do not have 14

5. Early childhood development degree
1 ___have, helpful   2 ___have, not very helpful   3 ___do not have 15

6. Licensure/registration as therapist
1 ___have, helpful   2 ___have, not very helpful   3 ___do not have 16

7. Licensure/registration as nurse (LPN)
1 ___have, helpful   2 ___have, not very helpful   3 ___do not have 17

8. Licensure/registration as nurse (RN)
1 ___have, helpful   2 ___have, not very helpful   3 ___do not have 18

9. Other: ____

____
1 ___have, helpful   2 ___have, not very helpful   3 ___do not have 19

4A. *What previous experiences have you had that also help you perform your role in the preschool handicapped program? (Check all that apply.)* 20 27

1 _____ No previous experience that has helped
2 _____ Work as therapist in regular school setting
3 _____ Volunteer work with agency, organization, etc.
4 _____ Physical education teacher in special education
5 _____ Physical education teacher in regular education
6 _____ Having a handicapped child of my own
7 _____ Similar work with older children

8 _____ Other____

____

4B. *Write the number of the experience among those listed above that has helped you most in your role in the preschool handicapped program.* 28

1 _____

5. *What prompted you to begin working with the program? (Check the one that best applies.)* 29

1 _____ This is the professional role for which I was trained.
2 _____ I have a handicapped child of my own.
3 _____ I needed a job.
4 _____ It was the job assignment given to me by central office staff.

5 _____ Other____

____

6. *What do you do in the preschool handicapped program? (In the blank on the left, check all that apply. In each blank on the right, write the number of handicapped preschoolers, aged 3-5, you serve.)*

30 31 32 1 _____ Provide direct therapy to 2 _____ handicapped preschoolers
33 34 35 3 _____ Provide indirect therapy to 4 _____ handicapped preschoolers
36 37 38 5 _____ Provide a program of physical exercise to 6 _____ handicapped preschoolers
39 40 41 7 _____ Give appropriate medical attention to 8 _____ handicapped preschoolers

42

9 _____ Other____

____

7. *On the average, how many times per week do you work with the 3-5 year-old preschool handicapped children? (Supply information for mild/moderate and severe/profound separately.)*

43 44 45

Mild/Moderate: 1 _____ times per week, 2 _____ minutes per session

46 47 48

Severe/Profound: 3 _____ times per week, 4 _____ minutes per session

8. *With how many children do you generally work in a session? (Supply information for mild/moderate and severe/profound separately. Circle ONE number in EACH category.)*

49 Mild/Moderate: 1 2 3 4 5 more than 5

50 Severe/Profound: 1 2 3 4 5 more than 5

9. *When do you generally work with the teacher to plan a child's program? (Check the one that best applies.)*

51

01 _____ When the child is first placed
02 _____ Monthly
03 _____ Weekly
04 _____ Daily
05 _____ The teacher and I plan our programs separately.

10. *If you serve as a member of the assessment team, which three instruments do you use most frequently to determine need for your services? (Write #1, #2, and #3 beside the three used most frequently.)*

52 57

01 _____ Not applicable/do not serve on assessment team
02 _____ Checklist developed by me
03 _____ Motor Free Visual Perception Test
04 _____ Developmental Test of Visual-Motor Integration
05 _____ Brunnicks Oseretsky
06 _____ Denver Developmental Screening Test
07 _____ Goldman-Fristoe Test of Articulation
08 _____ Goldman-Fristoe-Woodcock Test of Auditory Discrimination
09 _____ LAP/LAP-D/Early LAP
10 _____ Templin-Darley Tests of Articulation
11 _____ Preschool Language Scale

12 _____ Other____

____

11A. *In your opinion, what are the primary benefits parents and children receive from the preschool handicapped program? (Check all the benefits you feel they are receiving.)*

58 71

01 _____ Children acquire self-help skills and become more independent.
02 _____ Children who are developmentally delayed have an opportunity to "catch up."
03 _____ Some children who receive program services and attend kindergarten in a regular school setting could not have done so without the preschool handicapped program.
04 _____ Children demonstrate gains in the cognitive domain.
05 _____ Children demonstrate gains in the social domain.
06 _____ Children demonstrate gains in the motor domain.
07 _____ There is a reduction of parents' tension or stress once they realize the program provides someone/something to help their exceptional children.
08 _____ Parents tend to acquire more acceptance of their children's exceptionalities.
09 _____ Parents learn to have more realistic expectations for their exceptional children.
10 _____ Parents are sometimes freed, so that they can do routine things like shopping or, in some cases, seeking employment.
11 _____ There is more acceptance of exceptional children by regular education teachers and students in the school setting.
12 _____ There is more community acceptance of exceptional children.
13 _____ I can see no benefits from this program.

14 _____ Other____

____

11B. *Write the number of the benefit among those listed above that is the MOST IMPORTANT.*

72 73

01 _____

12A. *What difficulties have you observed in the preschool handicapped program? (Check all the difficulties you have observed.)*

74 99

01 _____ There are difficulties in securing and keeping an adequate number of teachers and other program staff.
02 _____ There are difficulties in finding qualified or trained staff.
03 _____ Funding is not adequate.
04 _____ There are difficulties in finding children who are potential qualifiers for the program.
05 _____ There are difficulties in assessing children referred for services.
06 _____ Teachers have difficulty in transporting materials to home-based settings.
07 _____ Medical evaluations frequently delay the assessment process.
08 _____ Medical evaluations are difficult to interpret.
09 _____ Parents are less involved than they should be.
10 _____ There are inadequate curricular materials available for use with low-functioning children.
11 _____ Materials/supplies are inadequate.
12 _____ The method of transporting students is unsatisfactory.
13 _____ Students spend too much time traveling to and from class.
14 _____ Program staff experience burnout.
15 _____ Available physical facilities are not adequate for these children.
16 _____ The physical facilities are not located in a setting that permits integration of the preschool handicapped children and regular children.
17 _____ Ancillary staff (therapists, adapted physical education teacher, nurse) do not have appropriate working space.
18 _____ There should be more or better coordination between related agencies (health unit, etc.) and program personnel.
19 _____ There should be more or better coordination among the personnel who provide different services within the program (teacher, therapists, adapted physical education teacher, assessment team members).
20 _____ It is difficult to secure special services like physical therapy, occupational therapy, etc.
21 _____ There are problems in integrating the exceptional children and the regular children.
22 _____ The quality of instructional services provided during the extended-year (summer) program is not on par with that provided during the regular year.
23 _____ There are difficulties documenting regression in order to determine children's eligibility for the extended-year program.
24 _____ The extended-year program denies some staff and children the opportunity for a needed break.
25 _____ There are difficulties in interpretation of/compliance with 1508 guidelines. Please indicate the specific area in which these occur:

____

26 _____ Other____

12B. *Write the number of the difficulty listed among those on the preceding page that causes you MOST CONCERN.*

100 101

01 ______

Being cognizant of your heavy workload and hectic schedule, our staff would like to extend our special thanks to you for participating in this study. We cannot overemphasize the contribution you have made by supplying information about your program.

If there are unique areas, strengths, or weaknesses of your program that have not been addressed in this questionnaire, please comment in the space provided below. Also, please feel free to comment on any item on the questionnaire. Your time in providing this additional, valuable information is appreciated.

Let us once again encourage you to take advantage of this opportunity to share suggestions or concerns about the preschool handicapped program. Confidentiality is assured. Your time in providing this additional, valuable information is appreciated.

Strengths:

Suggestions for improvements:

Unique areas:

Once again, we would like to thank you for your assistance in this project.

STATEWIDE EVALUATION OF EARLY EDUCATION PROGRAMS FOR HANDICAPPED CHILDREN IN LOUISIANA

1985-86

Questionnaire/Interview

PUPIL APPRAISAL

Developed by:
Betty N. Anderson
JoAnn C. Bower
Bureau of Evaluation

LOUISIANA DEPARTMENT OF EDUCATION
Thomas G. Clausen, State Superintendent

Preschool Handicapped Program Evaluation

Pupil Appraisal Personnel

The Louisiana Department of Education has entered into a cooperative agreement with the U.S. Office of Education to conduct a statewide study of the early education programs for handicapped children in Louisiana. The study is designed to provide program personnel and parents opportunities to showcase strengths and to suggest improvements for various program models. The study, which is NOT designed as a monitoring tool for compliance, will be a medium through which information about different program models can be disseminated. Areas of program models to be explored include, but are not limited to, the regular and related program services which are provided to children and parents, service delivery models, program formats, instructional models, physical facilities, staffing patterns, transportation, program processes, transitional efforts, interaction patterns, learning environment, staff training and experience, coordination across programs, program impact on participants and parents, and perceived benefits and difficulties of the program models.

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________/________/________/ ___C ___H ___B ___S
1 2 3 4 5 6 7

PART I. PROFESSIONAL PROFILE

8 *1. What is your title?*

1 _____ Psychologist
2 _____ Assessment teacher
3 _____ Educational consultant
4 _____ Social worker

5 _____ Other______________________________

2. How long have you worked in pupil appraisal? (Include the current academic year.)

9 10

1 _____ Years

3. CIRCLE those persons who work in the area of preschool handicapped pupil appraisal in your program and describe what they do.

11

1. Psychologist: ______________________________

____

____

12

2. Assessment Teacher/Educational Consultant: ______________________________

____

____

13

3. Speech/Language Specialist/Therapist: ______________________________

____

____

14

4. Social Worker: ______________________________

____

____

15

5. Other: ______________________________

____

____

4. *Please indicate whether or not you have certification or training in each of the areas listed below. Also, indicate how helpful each area has been in performing your duties as a member of the pupil appraisal team for the preschool handicapped program.*

A. Certification: assessment teacher

16 ___$_1$have, helpful ___$_2$have, not very helpful ___$_3$do not have

B. Certification: educational consultant

17 ___$_1$have, helpful ___$_2$have, not very helpful ___$_3$do not have

C. Teacher certification: special education

18 ___$_1$have, helpful ___$_2$have, not very helpful ___$_3$do not have

D. Teacher certification: elementary education

19 ___$_1$have, helpful ___$_2$have, not very helpful ___$_3$do not have

E. Teacher certification: secondary education

20 ___$_1$have, helpful ___$_2$have, not very helpful ___$_3$do not have

F. Administration certification: special school

21 ___$_1$have, helpful ___$_2$have, not very helpful ___$_3$do not have

G. Administration certification: elementary education

22 ___$_1$have, helpful ___$_2$have, not very helpful ___$_3$do not have

H. Administration certification: secondary education

23 ___$_1$have, helpful ___$_2$have, not very helpful ___$_3$do not have

I. Certification: counseling

24 ___$_1$have, helpful ___$_2$have, not very helpful ___$_3$do not have

J. Early childhood development degree

25 ___$_1$have, helpful ___$_2$have, not very helpful ___$_3$do not have

K. Psychology degree

26 ___$_1$have, helpful ___$_2$have, not very helpful ___$_3$do not have

L. Other: ____

27 ___$_1$have, helpful ___$_2$have, not very helpful ___$_3$do not have

5A. *What previous related experience have you had? (Check all that apply.)*

28 01 ______ No previous related experience
29 02 ______ Special education administrator
30 03 ______ Elementary education administrator
31 04 ______ Secondary education administrator
32 05 ______ Special education teacher
33 06 ______ Kindergarten teacher
34 07 ______ Elementary education teacher
35 08 ______ Secondary education teacher
36 09 ______ Early childhood development work
37 10 ______ Psychologist
38 11 ______ Counselor
39 12 ______ Assessment teacher
40 13 ______ Educational consultant

41 14 ______ Other____

____

5B. *Write the number of the experience among those listed above that has helped you MOST in performing your appraisal duties.*

42 43

01 ______

6. *What kinds of interventions or educational adjustments are used with handicapped preschoolers BETWEEN initial screening and full evaluation?*

____

____

____

____

____

7. *Some pupil appraisal professionals have suggested concerns or special considerations in working with children aged 0-2 and 3-5. Please read the list below and check all of the concerns or special considerations with which you agree. Check the age group(s) for which you feel a concern or consideration is applicable. Check the blank in front of "not a concern" if you do not feel a particular concern or consideration is applicable.*

A. Assessment at this age must be done especially carefully, because it may result in labeling a child for life.
44 46 _____0-2 _____3-5 _____not a concern

B. These concerns are no different from the concerns we have about the assessment of older children.
47 49 _____0-2 _____3-5 _____not a concern

C. The numbers of children in these age groups to be evaluated are increasing.
50 52 _____0-2 _____3-5 _____not a concern

D. Our staff does not have adequate training/experience in the evaluation of these groups.
53 55 _____0-2 _____3-5 _____not a concern

E. Too much time transpires between a child's referral and eventual placement in the preschool program.
56 58 _____0-2 _____3-5 _____not a concern

F. Some procedures are used because they are locally or state mandated, not necessarily because they are warranted with individual children.
59 61 _____0-2 _____3-5 _____not a concern

G. It is difficult to find instruments that provide information that can be used to document need according to 1508 guidelines.
62 64 _____0-2 _____3-5 _____not a concern

H. There is concern that the instruments may not measure what they purport to measure.
65 67 _____0-2 _____3-5 _____not a concern

I. The assessment process is often delayed by failure to get medical information promptly.
68 70 _____0-2 _____3-5 _____not a concern

J. Other ____

____
71 73 _____0-2 _____3-5 _____not a concern

8. *Would you please describe the overall procedure you use in assessing these children? Please sequence steps from referral to placement. Space has been provided to write six steps; you may have more or fewer. If additional space is needed, use the back of this sheet.*

1. ____

____

____

____

2. ____

____

____

____

3. ____

____

____

____

4. ____

____

____

____

5. ____

____

____

____

6. ____

____

____

____

9. *Which instruments are used in assessing HANDICAPPED PRESCHOOLERS AGED 3-5? From the list that follows, select the three instruments you use MOST FREQUENTLY in the appraisal of preschool handicapped youngsters. Write the number of each of the three most frequently used instruments in the blank on the left. Also indicate whether the instrument is used for screening or evaluation by checking the appropriate blank. If the instrument is used for both screening and evaluation, check both blanks. NOTE THAT THE INSTRUMENT LIST CONTINUES ON THE NEXT PAGE.*

EXAMPLE:

MOST FREQUENTLY USED:

01 _____ instrument number 02 _____ screening 03 _____ evaluation

SECOND MOST FREQUENTLY USED:

01 _____ instrument number 02 _____ screening 03 _____ evaluation

THIRD MOST FREQUENTLY USED:

01 _____ instrument number 02 _____ screening 03 _____ evaluation

PLEASE RECORD YOUR RESPONSES HERE:

MOST FREQUENTLY USED:

01 _____ instrument number 02 _____ screening 03 _____ evaluation
74 75 76 77

SECOND MOST FREQUENTLY USED:

01 _____ instrument number 02 _____ screening 03 _____ evaluation
78 79 80 81

THIRD MOST FREQUENTLY USED:

01 _____ instrument number 02 _____ screening 03 _____ evaluation
82 83 84 85

01 _____ Alpern-Boll
02 _____ Arizona Articulation Proficiency Scale
03 _____ Basic Concept Inventory (Engleman)
04 _____ Basic School Skills Inventory (Goodman and Hammill)
05 _____ Bayley Scales of Infant Development
06 _____ Boehm Test of Basic Concepts

07 _____ Bracken Basic Concept Scale

08 _____ Brekken-Drouin Developmental Spotcheck

09 _____ Brigance

10 _____ Brunnicks Oseretsky

11 _____ Denver Developmental Screening Test (Frankenburg and Dodds)

12 _____ Developmental Test of Visual-Motor Integration

13 _____ Goldman-Fristoe Test of Articulation

14 _____ Goldman-Fristoe-Woodcock Test of Auditory Discrimination

15 _____ HAWAII

16 _____ HELP

17 _____ Kaufman Assessment Battery for Children

18 _____ LAP/LAP-D

19 _____ Leiter International Performance Scale

20 _____ McCarthy's Scales of Children's Abilities

21 _____ Memphis

22 _____ Motor Free Visual Perception Test (Colarusso and Hammill)

23 _____ Peabody Picture Vocabulary Test

24 _____ Porch Index of Communicative Ability in Children

25 _____ Preschool Language Scale (Zimmerman and Steiner)

26 _____ Stanford-Binet Intelligence Scale

27 _____ System of Multicultural Pluralistic Assessment (SOMPA)

28 _____ Templin-Darley Tests of Articulation

29 _____ Vineland Social Maturity Scale

30 _____ Wechsler Preschool and Primary Scale of Intelligence

31 _____ Other: ______________________________

32 _____ Other: ______________________________

10. *What coordination exists between assessment personnel and teachers of the handicapped preschoolers? (Check the one that best applies.)* 86 87

01 _____ Teachers' input is sometimes sought during the assessment process.

02 _____ Assessment personnel work closely with the teachers to make certain teachers understand implications of the evaluation findings when children are first placed in classrooms.

03 _____ Assessment personnel maintain ongoing communication with teachers of the handicapped preschoolers after children are placed in the classrooms/home program.

04 _____ There is minimal communication between the two groups.

05 _____ Other____

____

11. *Please report the number of children in the three-to-five age group your pupil appraisal personnel evaluated between June 1, 1985, and October 31, 1985. Please do NOT estimate. Check "NA" if the information is not available.*

88 90

01 _____ Birth--two-year olds 91 93

02 _____ Three-year olds 94 96

03 _____ Four-year olds 97 99

04 _____ Five-year olds 100

05 _____ NA

12A. *In your opinion, what are the primary benefits parents and children receive from the preschool handicapped program? (Check all the benefits you feel they are receiving.)*

101 114

01 _____ Children acquire self-help skills and become more independent.

02 _____ Children who are developmentally delayed have an opportunity to "catch up."

03 _____ Some children who receive program services and attend kindergarten in a regular school setting could not have done so without the preschool handicapped program.

04 _____ Children demonstrate gains in the cognitive domain.

05 _____ Children demonstrate gains in the social domain.

06 _____ Children demonstrate gains in the motor domain.

07 _____ There is a reduction of parents' tension or stress once they realize the program provides someone/something to help their exceptional children.

08 _____ Parents tend to acquire more acceptance of their children's exceptionalities.

09 _____ Parents learn to have more realistic expectations for their exceptional children.

10 _____ Parents are sometimes freed, so that they can do routine things like shopping or, in some cases, seeking employment.

11 _____ There is more acceptance of exceptional children by regular education teachers and students in the school setting.

12 _____ There is more community acceptance of exceptional children.

13 _____ I can see no benefits from this program.

14 _____ Other____

____

12B. *Write the number of the benefit among those listed above that you feel is the MOST IMPORTANT benefit children and/or parents are receiving.*

115 16

01 _____

13A. *What difficulties have you observed in the preschool handicapped program? (Check all the difficulties you have observed.)*

117 42

01 _____ There are difficulties in securing and keeping an adequate number of teachers and other program staff.

02 _____ There are difficulties in finding qualified or trained staff.

03 _____ Funding is not adequate.

04 _____ There are difficulties in finding children who are potential qualifiers for the program.

05 _____ There are difficulties in assessing children referred for services.

06 _____ Teachers have difficulty in transporting materials to home-based settings.

07 _____ Medical evaluations frequently delay the assessment process.

08 _____ Medical evaluations are difficult to interpret.

09 _____ Parents are less involved than they should be.

10 _____ There are inadequate curricular materials available for use with low-functioning children.

11 _____ Materials/supplies are inadequate.

12 _____ The method of transporting students is unsatisfactory.

13 _____ Students spend too much time traveling to and from class.

14 _____ Program staff experience burnout.

15 _____ Available physical facilities are not adequate for these children.

16 _____ The physical facilities are not located in a setting that permits integration of the preschool handicapped children and regular children.

17 _____ Ancillary staff (therapists, adapted physical education teacher, nurse) do not have appropriate working space.

18 _____ There should be more or better coordination between related agencies (health unit, etc.) and program personnel.

19 _____ There should be more or better coordination among the personnel who provide different services within the program (teacher, therapists, adapted physical education teacher, assessment team members).

20 _____ It is difficult to secure special services like physical therapy, occupational therapy, etc.

21 _____ There are problems in integrating the exceptional children and the regular children.

22 _____ The quality of instructional services provided during the extended-year (summer) program is not on par with that provided during the regular year.

23 _____ There are difficulties documenting regression in order to determine children's eligibility for the extended-year program.

24 _____ The extended-year program denies some staff and children the opportunity for a needed break.

25 _____ There are difficulties in interpretation of/compliance with 1508 guidelines. Please indicate the specific area in which these occur:

____

26 _____ Other____

13B. *Write the number of the difficulty among those listed on the preceding page which causes you MOST CONCERN.*

143 44

01 ______

TURN TO PAGE 16.

PART II. ASSESSMENT PROFILE

PART II: ASSESSMENT PROFILE

14. *Supply the following information for the MOST RECENTLY COMPLETED EVALUATION for a child in the three- to five-year-old group.*

Child's primary exceptionality: ____________________________________

145 46

Child's age: _____ *Child's sex:* _____ *Male* _____ *Female*

147 48 149

What is your best estimate of the child's socioeconomic status?

150

_____paid lunch
_____reduced lunch
_____free lunch

KIND OF PREASSESSMENT INFORMATION PARENTS OF CHILD BROUGHT TO PUPIL APPRAISAL PERSONNEL DURING INITIAL SESSION

151 53

_____None

_____Medical (Explain.) ____________________________________

____

____

_____Other (Explain.) ____________________________________

____

____

PUPIL APPRAISAL PERSONNEL INVOLVED:
CHECK each pupil appraisal staff member who participated in this child's evaluation, WRITE your best estimate of how many hours each devoted to this particular evaluation, and CIRCLE whether or not the parent or guardian was present during the actual testing in each case.

154 57 01 ___ Social worker, _____hours Parent present: Yes No
158 61 02 ___ Assessment teacher, _____hours Parent present: Yes No
162 65 03 ___ Educational consultant, _____hours Parent present: Yes No
166 69 04 ___ Speech/Language therapist, _____hours Parent present: Yes No
170 73 05 ___ Audiologist, _____hours Parent present: Yes No
174 77 06 ___ Psychologist, _____hours Parent present: Yes No
178 81 07 ___ Physical therapist, _____hours Parent present: Yes No
182 85 08 ___ Occupational therapist, _____hours Parent present: Yes No
186 89 09 ___ Nurse, _____hours Parent present: Yes No
190 93 10 ___ Other, _____hours Parent present: Yes No

(CONTINUED ON NEXT PAGE)

(Continued from previous page)

TIME DISTRIBUTION AND SETTING USED BY EACH PUPIL APPRAISAL STAFF MEMBER IN TESTING CHILD

In the blank on the left, WRITE THE LETTER of the time of testing that best describes when this child was tested. Use the following codes:

A= one session
B= multiple sessions, same day
C= multiple sessions, same week
D= multiple sessions, same month
E= multiple sessions, several months

Also CIRCLE THE SETTING in which the child was tested in the blank on the right.

194 95 01 ___ Social worker Tested in: home school both other
196 97 02 ___ Assessment teacher Tested in: home school both other
198 99 03 ___ Educational consultant Tested in: home school both other
200 01 04 ___ Speech therapist Tested in: home school both other
202 03 05 ___ Audiologist Tested in: home school both other
204 05 06 ___ Psychologist Tested in: home school both other
206 07 07 ___ Physical therapist Tested in: home school both other
208 09 08 ___ Occupational therapist Tested in: home school both other
210 11 09 ___ Nurse Tested in: home school both other
212 13 10 ___ Other Tested in: home school both other

(Continued on next page)

INSTRUMENT(S) USED BY EACH PUPIL APPRAISAL STAFF MEMBER:

Write the name of the instrument used by each pupil appraisal staff member who participated in this evaluation in the space provided. If no test was administered, write NONE. If any of the following staff did NOT participate in the evaluation, leave the entire space BLANK.

Social worker ______________________________

Assessment teacher______________________________

Educational consultant______________________________

Speech/Language therapist______________________________

Audiologist ______________________________

Psychologist ______________________________

Physical therapist______________________________

Occupational therapist______________________________

Nurse ______________________________

Other ______________________________

Being cognizant of your heavy workload and hectic schedule, our staff would like to extend our special thanks to you for participating in this study. We cannot overemphasize the contribution you have made by supplying information about your program.

If there are unique features, strengths, or weaknesses of your program that have not been addressed in this questionnaire, please comment in the space provided below. Also, please feel free to comment on any item on the questionnaire.

Let us once again encourage you to take advantage of this opportunity to share suggestions or concerns about the preschool handicapped program. Confidentiality is assured. *Your time in providing this additional, valuable information is appreciated.*

Strengths:

Suggestions for improvements:

Unique areas:

Once again, we would like to thank you for your assistance in this project.

STATEWIDE EVALUATION OF EARLY EDUCATION PROGRAMS FOR HANDICAPPED CHILDREN IN LOUISIANA

1985-86

Questionnaire/Interview

SUPERVISORS/COORDINATORS

Developed by:
Betty N. Anderson
JoAnn C. Bower
Bureau of Evaluation

LOUISIANA DEPARTMENT OF EDUCATION
Thomas G. Clausen, State Superintendent

Preschool Handicapped Program Evaluation

Supervisors/Coordinators

To be completed by the supervisor or coordinator who works MOST CLOSELY with the preschool handicapped program

The Louisiana Department of Education has entered into a cooperative agreement with the U.S. Office of Education to conduct a statewide study of the early education programs for handicapped children in Louisiana. The study is designed to provide program personnel and parents opportunities to showcase strengths and to suggest improvements for various program models. The study, which is NOT designed as a monitoring tool for compliance, will be a medium through which information about different program models can be disseminated. Areas of program models to be explored include, but are not limited to, the regular and related program services which are provided to children and parents, service delivery models, program formats, instructional models, physical facilities, staffing patterns, transportation, program processes, transitional efforts, interaction patterns, learning environment, staff training and experience, coordination across programs, program impact on participants and parents, and perceived benefits and difficulties of the program models.

The Bureau of Evaluation in the Office of Research and Development is conducting the study, with the cooperation of the Office of Special Educational Services. Information for the study will be collected from all school systems in the state with the assistance of each system's special education staff and the Louisiana Early Education Program coordinators. We would like to request your assistance in providing critical information about your preschool handicapped program for three- to five- year-old children. Your support and input are needed in this study, which has the potential to affect the quality of education in Louisiana. If you have any questions regarding the study or the information you are requested to provide, please feel free to call Dr. Betty Anderson or Dr. Jo Ann Bower at (504) 342-3835.

Please note: The identity of individuals, schools, and parishes will remain STRICTLY CONFIDENTIAL.

Please return this survey in the stamped, self-addressed envelope no later than December 15, 1985.

________/________/________/ ___C ___H ___B ___S

1 2 3 4 5 6 7

1. *How many years' experience do you have in the supervision of preschool handicapped programs? (Include the current academic year.)* 8 9

^{1} _____ Years

2. *Please indicate whether or not you have each of the certification or special training areas listed below. Check how helpful each area is in performing your duties as supervisor/coordinator of the preschool handicapped program.*

1. Elementary, secondary, or special education administration certification
$\underset{1}{___}$have, helpful $\underset{2}{___}$have, not very helpful $\underset{3}{___}$do not have 10

2. Teacher certification: kindergarten
$\underset{1}{___}$have, helpful $\underset{2}{___}$have, not very helpful $\underset{3}{___}$do not have 11

3. Teacher certification: elementary education
$\underset{1}{___}$have, helpful $\underset{2}{___}$have, not very helpful $\underset{3}{___}$do not have 12

4. Teacher certification: secondary education
$\underset{1}{___}$have, helpful $\underset{2}{___}$have, not very helpful $\underset{3}{___}$do not have 13

5. Teacher certification: special education
$\underset{1}{___}$have, helpful $\underset{2}{___}$have, not very helpful $\underset{3}{___}$do not have 14

6. Early childhood development degree
$\underset{1}{___}$have, helpful $\underset{2}{___}$have, not very helpful $\underset{3}{___}$do not have 15

7. Home economics degree
$\underset{1}{___}$have, helpful $\underset{2}{___}$have, not very helpful $\underset{3}{___}$do not have 16

8. Other____
$\underset{1}{___}$have, helpful $\underset{2}{___}$have, not very helpful $\underset{3}{___}$do not have 17

3A. What previous related experience have you had? (Check all that apply.)

1. No related experience before current job
___ (Check here if this applies.)
18 1

2. Administrator: kindergarten, elementary level
___have, helpful ___have, not very helpful ___do not have
19 1 2 3

3. Administrator: secondary level
___have, helpful ___have, not very helpful ___do not have
20 1 2 3

4. Teacher: kindergarten, elementary level
___have, helpful ___have, not very helpful ___do not have
21 1 2 3

5. Teacher: secondary level
___have, helpful ___have, not very helpful ___do not have
22 1 2 3

6. Other: ______________________________
___have, helpful ___have, not very helpful ___do not have
23 1 2 3

3B. Write the number of the experience listed among those above that has helped you most in your role as supervisor/coordinator of the preschool handicapped program.

24

1 _____

4. What are your responsibilities as supervisor/coordinator of the handicapped preschool program? (Check each responsibility you have.)

25 31

1 _____ Budgetary
2 _____ Supervision of the instructional staff
3 _____ Parent liaison
4 _____ Agency liaison
5 _____ Coordinate within program--referral, evaluation, implementation of IEP, etc.
6 _____ Coordinate across programs--preschool, kindergarten

7 _____ Other ______________________________

5A. *Why did your system decide to participate in the preschool handicapped program? (Check all that apply.)*

32 36

1 _____ Special funding was available.
2 _____ There was a substantial amount of parental interest/demand.
3 _____ Legal mandates said we had to.
4 _____ The system wanted to meet the needs of special children in this age group.

5 _____ Other ____

____

5B. *Write the number of the factor among those listed above that was the most important.*

37

1 _____

6. *Do you use LANSER in your program? (If yes, tell how. If no, tell why not.)*

38

_____Yes (How?)____

____

____

____

_____No (Why not?)____

____

____

____

7. *What coordination/communication is there between the teachers in the preschool handicapped program and the kindergarten teachers to whom program participants may be assigned upon exiting the preschool handicapped program? (Check the ONE that best applies.)*

39

1 _____ Teachers plan formal conferences before a child's placement in kindergarten.
2 _____ Teacher have informal conferences before a child's placement in kindergarten.
3 _____ Teachers have no communication.

4 _____ Other ____

____

8. *We would like to know more about the extended-year (summer) program offered to program participants. Would you briefly describe these services by responding to the following questions?*

A. *When is the decision made to offer extended services? (Check the one that best applies.)* 40

1 _____ The decision is not made until funding is certain.
2 _____ Ample funding is assumed, so plans are made during the early part of the academic year (fall).
3 _____ Plans are not made until the spring semester.

4 _____ Other____

____

B. *What determines how many and what kinds of staff members will be employed? (Check the one that best applies.)* 41

1 _____ Available funding
2 _____ The number and needs of children to be served

3 _____ Other____

____

C. *How are members of the instructional staff selected? (Check the one that best applies.)* 42

1 _____ On the basis of certification/experience in preschool handicapped program
2 _____ On the basis of certification/experience in special education
3 _____ On the basis of certification/experience in other areas
4 _____ On the basis of number of years' experience
5 _____ On the basis of summer availability

6 _____ Other ____

____

D. *How many children were served during the 1985 summer extended-year program? (Write the number in the blank provided.)* 43 45

1 _____ Children, aged 3-5

(Continued from previous page)

E. *How are children selected for the extended-year program? (Check all that apply.)*

46 49

1 _____ On the basis of parent requests
2 _____ On the basis of available openings for summer programs
3 _____ On the basis of demonstrated regression during a major holiday

4 _____ Other____

F. *Write the number of the way listed among those above which is the PRIMARY way children are selected.*

50

1 _____

G. *What is the program format of the extended services? (Check the one that best applies.)*

51

1 _____ Home-based
2 _____ Center-based
3 _____ Combination home-based/center-based
4 _____ Residential

5 _____ Other ____

H. *What do you consider the strengths of the extended-year services? (Check all that you feel are strengths in your program.)*

52 55

1 _____ Provides continued educational services to children who need special services
2 _____ Minimizes learning regression
3 _____ Provides some teachers with opportunity for summer employment

4 _____ Other____

56 64 *I. What are the problems associated with the extended-year services? (Check all that you feel are problems in your extended program.)*

1 _____ Lack of qualified/certified staff
2 _____ Lack of parental support
3 _____ Student attendance
4 _____ Transportation
5 _____ Last-minute notices given regarding funding, number of children to be served, etc.
6 _____ Current guidelines for documentation of regression
7 _____ Inability to accommodate parents who request summer services for their children
8 _____ Cost "inefficiency" because of center-based setting, transportation, and student absenteeism

9 _____ Other____

65 9. *What are your concerns regarding the supply of qualified teachers, aides, and other staff for the overall preschool handicapped program? (Check the answer that best matches your judgment.)*

1 _____ Currently, there is an adequate supply of fully qualified program personnel.
2 _____ There is an adequate supply, but qualifications are a concern.
3 _____ There is not an adequate supply of available personnel, but those we have are fully qualified.
4 _____ Both numbers and qualifications of available personnel are staffing problems.

66 10. *In your opinion, how does the preschool handicapped program affect the availability of personnel for grades K-12? (Check the one that best applies.)*

1 _____ It has no effect.
2 _____ It reduces the number of available personnel for grades K-12.

3 _____ Other____

67 11. *In your opinion, how does the use of resources (funds, classroom space, materials, staff, etc.) affect the availability of resources for other areas? (Check the one that best applies.)*

1 _____ It has no effect.
2 _____ It reduces the resources available for other important areas.
3 _____ It has increased the resources available for other areas.

4 _____ Other ____

12A. *Please check the funding sources used for the program. (Check all that apply.)*

68 72

1 _____ Federal funds (94:142)
2 _____ Federal funds (89:313)
3 _____ State funds (ADA/minimum foundation)
4 _____ Local funds
5 _____ Contributed funds, materials, services, etc. (civic organizations, clubs, etc.)

12B. *Write the number of the funding source among those listed above which is the MAIN funding source.*

73

1 _____

13. *Please list the number of preschool handicapped classes housed in each of the following settings during the 1985-86 school year. (Please note: If a class is located in a special facility housing only preschool handicapped classes, but the teachers are technically assigned to another school for purposes of administration/evaluation, etc., report that class as being in a special facility, even if the teachers are technically assigned elsewhere.)*

Kind of setting/Total number of preschool handicapped classes:

74 75 1 _____ Classes in elementary school setting(s)

76 77 2 _____ Classes in middle school setting(s)

78 79 3 _____ Classes in junior high school setting(s)

80 81 4 _____ Classes in senior high school setting(s)

82 83 5 _____ Classes in special education center(s)/school(s)

84 85 6 _____ Classes in special facility/facilities housing only preschool handicapped classes

14. *With what agencies, organizations, or clubs do personnel in your preschool handicapped program work? (Check all that apply, and describe the service received from each.)*

Name of agency/organization/club *Service received from each*

01 _____ Association of Retarded Citizens ____________________

02 _____ Audiologists ____________________

03 _____ Charity Hospitals ____________________

04 _____ Ear, Nose, and Throat Specialists ____________________

05 _____ Early Intervention Program ____________________

06 _____ Handicapped Advocate Groups ____________________

07 _____ Handicapped Children's Program (Crippled Children) ____________________

08 _____ Health Clinics ____________________

09 _____ Local Neonatal Intensive Care Units ____________________

10 _____ LSU Medical Center--New Orleans ____________________

11 _____ LSU Medical Center--Shreveport ____________________

(Continued from previous page)

97

12 _____ Ministers______________________________

____

98

13 _____ Office of Mental Retardation______________________________

____

99

14 _____ Ophthalmologists______________________________

____

100

15 _____ Pediatricians______________________________

____

101

16 _____ Private Hospitals______________________________

____

102

17 _____ Neurologists, surgeons, and other medical professionals not listed above______________________________

____

15. *Describe the program services provided to preschool handicapped CHILDREN or their PARENTS during the 1985-86 school year. Include all regular and support services (special instructional program, physical therapy, specially prepared/blended foods, bus transportation, transportation reimbursement, etc.) Under "Provider" list the person or agencies who pay for the service; for example, transportation is provided by the LEA, not the bus driver.*

Service	*Provider*

16. *How long is the school day for the preschool center-based classes? (Write the number of hours per day in the blank provided.)*

103

01 _____ Hours per day

17A. *In your opinion, what are the primary benefits parents and children receive from the preschool handicapped program? (Check all the benefits you feel they are receiving.)*

104 116

01 _____ Children acquire self-help skills and become more independent.
02 _____ Children who are developmentally delayed have an opportunity to "catch up."
03 _____ Some children who receive program services and attend kindergarten in a regular school setting could not have done so without the preschool handicapped program.
04 _____ Children demonstrate gains in the cognitive domain.
05 _____ Children demonstrate gains in the social domain.
06 _____ Children demonstrate gains in the motor domain.
07 _____ There is a reduction of parents' tension or stress once they realize the program provides someone/something to help their exceptional children.
08 _____ Parents tend to acquire more acceptance of their children's exceptionalities.
09 _____ Parents learn to have more realistic expectations for their exceptional children.
10 _____ Parents are sometimes freed, so that they can do routine things like shopping or, in some cases, seeking employment.
11 _____ There is more acceptance of exceptional children by regular education teachers and students in the school setting.
12 _____ There is more community acceptance of exceptional children.

13 _____ Other____

____

17B. *Write the number of the benefit among those listed above that is the MOST IMPORTANT benefit parents and/or children receive.*

117 118

01 _____

18A. What difficulties have you observed in the preschool handicapped program? (Check all the difficulties you have observed.)

119 144

01 _____ There are difficulties in securing and keeping an adequate number of teachers and other program staff.
02 _____ There are difficulties in finding qualified or trained staff.
03 _____ Funding is not adequate.
04 _____ There are difficulties in finding children who are potential qualifiers for the program.
05 _____ There are difficulties in assessing the children referred for services.
06 _____ Teachers have difficulty in transporting materials to home-based settings.
07 _____ Medical evaluations frequently delay the assessment process.
08 _____ Medical evaluations are difficult to interpret.
09 _____ Parents are less involved than they should be.
10 _____ There are inadequate curricular materials available for use with low-functioning children.
11 _____ Materials/supplies are inadequate.
12 _____ The method of transporting students is unsatisfactory.
13 _____ Students spend too much time traveling to and from class.
14 _____ Program staff experience burnout.
15 _____ Available physical facilities are not adequate for these children.
16 _____ The physical facilities are not located in a setting that permits integration of the preschool handicapped children and regular children.
17 _____ Ancillary staff (therapists, adapted physical education teacher, nurse) do not have appropriate working space.
18 _____ There should be more or better coordination between related agencies (health unit, etc.) and program personnel.
19 _____ There should be more or better coordination among the personnel who provide different services within the program (teacher, therapists, adapted physical education teacher, assessment team members).
20 _____ It is difficult to secure special services like physical therapy, occupational therapy, etc.
21 _____ There are problems in integrating the exceptional children and the regular children.
22 _____ The quality of instructional services provided during the extended-year (summer) program is not on par with that provided during the regular year.
23 _____ There are difficulties documenting regression in order to determine children's eligibility for the extended-year program.
24 _____ The extended-year program denies some staff and children the opportunity for a needed break.
25 _____ There are difficulties in interpretation of/compliance with 1508 guidelines. Please indicate the specific area in which these occur:

____

26 _____ Other_______________________________________

18B. Write the number of the difficulty among those listed on the preceding page which causes you MOST CONCERN.

145 146

01 ______

****

Being cognizant of your heavy workload and hectic schedule, our staff would like to extend our special thanks to you for participating in this study. We cannot overemphasize the contribution you have made by supplying information about your program.

If there are unique features, strengths, or weaknesses of your program that have not been addressed in this questionnaire, please comment in the space provided below. Also, please feel free to comment on any item on the questionnaire.

Let us once again encourage you to take advantage of this opportunity to share suggestions or concerns about the preschool handicapped program. Your time in providing this additional, valuable information is appreciated. Confidentiality is assured.

Strengths:

Suggestions for improvements:

Unique areas:

Once again, we would like to thank you for your assistance in this project.

STATEWIDE EVALUATION OF EARLY EDUCATION PROGRAMS FOR HANDICAPPED CHILDREN IN LOUISIANA

1985-86

Questionnaire/Interview

TEACHERS

Developed by:
Betty N. Anderson
JoAnn C. Bower
Bureau of Evaluation

LOUISIANA DEPARTMENT OF EDUCATION
Thomas G. Clausen, State Superintendent

Preschool Handicapped Program Evaluation

Teachers

The Louisiana Department of Education has entered into a cooperative agreement with the U.S. Office of Education to conduct a statewide study of the early education programs for handicapped children in Louisiana. The study is designed to provide program personnel and parents opportunities to showcase strengths and to suggest improvements for various program models. The study, which is NOT designed as a monitoring tool for compliance, will be a medium through which information about different program models can be disseminated. Areas of program models to be explored include, but are not limited to, the regular and related program services which are provided to children and parents, service delivery models, program formats, instructional models, physical facilities, staffing patterns, transportation, program processes, transitional efforts, interaction patterns, learning environment, staff training and experience, coordination across programs, program impact on participants and parents, and perceived benefits and difficulties of the program models.

The Bureau of Evaluation in the Office of Research and Development is conducting the study, with the cooperation of the Office of Special Educational Services. Information for the study will be collected from all school systems in the state with the assistance of each system's special education staff and the Louisiana Early Education Program coordinators. We would like to request your assistance in providing critical information about your preschool handicapped program for three- to five- year-old children. Your support and input are needed in this study, which has the potential to affect the quality of education in Louisiana. If you have any questions regarding the study or the information you are requested to provide, please feel free to call Dr. Betty Anderson or Dr. Jo Ann Bower at (504) 342-3835.

Please note: The identity of individuals, schools, and parishes will remain STRICTLY CONFIDENTIAL.

Please return this survey in the stamped, self-addressed envelope no later than December 15, 1985.

______/______/______/ ___C ___H ___B ___S

1 2 3 4 5 6 7

1. *How many years' teaching experience have you had in preschool handicapped programs? (Include the current academic year.)*

8 9 ^{1} _____ Years

2. *Check the appropriate category that applies to you.*

10 ^{1} _____ Home-based teacher ^{2} _____ Center-based teacher

3. *Please indicate whether or not you have each of the certification or special training areas listed below. Check how helpful each area is in performing your duties as child search coordinator. (Check every area.)*

A. Teacher certification: special education
11 ___$_1$have, helpful ___$_2$have, not very helpful ___$_3$do not have

B. Teacher certification: elementary or secondary education
12 ___$_1$have, helpful ___$_2$have, not very helpful ___$_3$do not have

C. Teacher certification: kindergarten
13 ___$_1$have, helpful ___$_2$have, not very helpful ___$_3$do not have

D. Elementary or secondary administration certification
14 ___$_1$have, helpful ___$_2$have, not very helpful ___$_3$do not have

E. Early childhood development degree
15 ___$_1$have, helpful ___$_2$have, not very helpful ___$_3$do not have

F. Counseling certification
16 ___$_1$have, helpful ___$_2$have, not very helpful ___$_3$do not have

G. Special inservice training, such as workshops sponsored by the Louisiana Early Education Program regional coordinator
17 ___$_1$have, helpful ___$_2$have, not very helpful ___$_3$do not have

H. Other (What?) ____
18 ___$_1$have, helpful ___$_2$have, not very helpful ___$_3$do not have

4A. *What previous experience have you had in the field of education? (Check all that apply.)*

19 26

01 _____ Teacher: special education
02 _____ Teacher: kindergarten
03 _____ Teacher: elementary education
04 _____ Teacher: secondary education
05 _____ Related work in early childhood development
06 _____ Work in church daycare program
07 _____ Work in daycare setting (other than church daycare program)

08 _____ Other____

4B. *Write the number of the experience among those listed above that has helped you MOST in performing your duties as a teacher in the preschool handicapped program.*

27 28

01 _____

5. *Do your responsibilities in the preschool program include these? Circle Y (Yes) or N (No) for each item.*

29 Y N To plan and implement an appropriate instructional program for each child in my class
30 Y N To confer with assessment personnel when a child is first placed in my class
31 Y N To maintain on-going communication with assessment personnel regarding the progress and needs of children placed in my class
32 Y N To confer with parents regarding the instructional plan for their child when a child is placed in my class
33 Y N To maintain on-going communication with parents regarding the progress and needs of the children
34 Y N To provide direction/supervision to ancillary staff
35 Y N To get children from classroom to bus or other transportation
36 Y N To direct the preparation of meals for the children
37 Y N To see that facility needs of the children are met (ramps, rails, wheelchair bowls, special bathroom facilities, etc.)
38 Y N To assess the children in my class regularly
39 Y N To revise the IEP as needed and in the required manner
40 Y N To teach parents how to work with their children at home
41 Y N To contact kindergarten teachers and make the necessary arrangements for transition from the preschool program to kindergarten

42 Y N Other____

____

CENTER-BASED TEACHERS ONLY (HOME-BASED TEACHERS TURN TO QUESTION 11.)

6. Describe a "typical day" in the preschool handicapped class using different activity blocks and the approximate time for each. Please GIVE EXAMPLES of activities you do during the blocks, rather than simply naming blocks.

FROM (TIME)	UNTIL (TIME)	ACTIVITY BLOCK

CENTER-BASED TEACHERS ONLY (HOME-BASED TEACHERS TURN TO QUESTION 11.)

7. *Please give your best estimate of the preschool handicapped children's travel time as indicated.*

43 45 *Average* travel time for all preschool handicapped students:

01 _____ Minutes per day ***round trip***

46 48 *Longest* travel time for any one student:

02 _____ Minutes per day ***round trip***

8. *Are any of the preschool handicapped children transported with non-handicapped children? (Check one.)*

49 50

01 _____ Yes 02 _____ No 03 _____ Don't know

9. *Are any of the handicapped preschoolers transported with older children? (Check ONE.)*

51 52

01 _____ No
02 _____ Yes, with elementary-aged children only
03 _____ Yes, with high school-aged children only
04 _____ Yes, with both elementary- and high-school-aged children
05 _____ Don't know

06 _____ Other____

10. *Have you observed any of these problems directly or indirectly related to transportation? (Check all that apply.)*

53 62

01 _____ Lack of special seats for handicapped preschoolers
02 _____ Lack of special buses
03 _____ Reluctance of bus drivers to transport exceptional preschoolers
04 _____ Lack of consistency in pick-up and delivery schedules
05 _____ Fatigue from lengthy travel time
06 _____ Discipline problems
07 _____ Lack of a covered loading area for arriving and departing students
08 _____ Don't know/no contact with transportation
09 _____ No transportation problems

10 _____ Other____

HOME-BASED TEACHERS ONLY (QUESTIONS 11-13) (CENTER-BASED TEACHERS TURN TO QUESTION 14.)

11. *Outline a typical session with a home-based child. Please GIVE EXAMPLES of the activities rather than simply naming activities.*

HOME-BASED TEACHERS ONLY:

12. *How much time do you usually spend with a home-based child? (Do NOT include your transportation time.)*

63 65 01 _____ Minutes per session

66 02 _____ Session(s) per week

HOME-BASED TEACHERS ONLY:

13. *How many home-based children do you currently serve?*

67 68 01 _____ Children, aged 3-5

69 70 02 _____ Children, other ages

CENTER-BASED AND HOME-BASED TEACHERS:

71 72 14. *What kind of curriculum do you use? (Check ONE.)*

01 _____ We use ______________________________

02 _____ We have developed our own. (Describe.) ______________________________

____

03 _____ We are using materials from several curricula, including (list)

____

____

04 _____ Other ______________________________

____

73 74 15. *What coordination/communication is there between you and the kindergarten teachers to whom the children may be assigned when they exit the preschool program? (Check ONE.)*

01 _____ We have a formal conference before a child's placement in kindergarten.

02 _____ We have a formal conference before a child's placement in kindergarten AND after placement as needed.

03 _____ We have informal conferences before a child's placement in kindergarten.

04 _____ We have informal conferences before a child's placement in kindergarten AND after the placement as needed.

05 _____ We have no communication.

06 _____ Other (What?) ______________________________

____

16. *How do you use the following kinds of assessment information in the development of a child's IEP and in your day-to-day instruction of the child? If you don't use a particular kind of information, tell why.*

Medical (Please explain.)

Psychological (Please explain.)

Educational/Assessment (Please explain.)

Other (Please explain.)

17A. *In what areas do the aides/assistants/paraprofessionals work with the children? (Check all that apply.)*

75 80

01 _____ Cognitive area
02 _____ Motor area
03 _____ Social area
04 _____ Communication area
05 _____ Self-help area (feeding, toileting, dressing, brushing teeth, etc.)

06 _____ Other____

17B. *Write the number of the PRIMARY AREA among those listed above in which aides/assistants/paraprofessionals work with the children.*

81 82

01 _____

18. *Describe the role of any volunteers who help with the program. (Please include the names of clubs and organizations that sponsor Christmas parties, Easter egg hunts, field trips, or other seasonal activities. For individuals, do not give names; just list the types, for example, "Parent.")*

Volunteer Role/Activity

19. *Have you experienced burnout while working in the preschool handicapped program? (Check the ONE that best applies.)*

83 84

01 _____ No, I have not experienced any burnout.
02 _____ Yes, I have felt some burnout; usually, it has been short term.
03 _____ Yes, I have experienced burnout at the end of the school year.
04 _____ Yes, I have experienced major, long-term burnout.

20A. *What do you feel causes burnout in the preschool handicapped program teachers? (Check ALL that apply.)*

85 89

01 _____ Repeated assignment to the more involved severe/profound classes
02 _____ Teachers' inability to "leave" these children, their needs, and their problems at school at day's end
03 _____ Lack of opportunity for these teachers to meet as a group to share common concerns
04 _____ Teaching in the extended-year program, as well as in the regular school program

05 _____ Other (What?)_____

20B. *Write the number of the item among those listed above which you feel is the PRIMARY FACTOR in teacher burnout in the preschool handicapped program.*

90 91

01 _____

21A. *What things do you believe might prevent or alleviate burnout? (Check each area.)*

		Would this help?	*Is this available to you?*	
92 93	01	Yes No	Yes No	Rotating assignments so that the same teachers are not always assigned to the more involved severe/profound classes
94 95	02	Yes No	Yes No	Providing professional counseling for program personnel
96 97	03	Yes No	Yes No	Allowing teachers to attend conferences, workshops, etc., so that they can get updated knowledge, grow professionally, and develop fresh perspectives away from their usual environments
98 99	04	Yes No	Yes No	Providing release time for share-group sessions, during which teachers can discuss common concerns and offer one another other support

21B. *Write the number of the factor among those listed above that would BEST prevent or alleviate burnout.*

100 01

01 _____

22. *Have you observed burnout in the aides who work in the preschool handicapped program? (Check the one that best applies.)*

102 03

01 _____ No, I have not observed any burnout.
02 _____ Yes, I have observed burnout occasionally; usually, it has been short term.
03 _____ Yes, I have observed burnout at the end of the school year.
04 _____ Yes, I have observed major, long-term burnout.

23A. *In your opinion, what are the primary benefits parents and children receive from the preschool handicapped program? (Check all the benefits you feel they are receiving.)*

104 17

01 _____ Children acquire self-help skills and become more independent.

02 _____ Children who are developmentally delayed have an opportunity to "catch up."

03 _____ Some children who receive program services and attend kindergarten in a regular school setting could not have done so without the preschool handicapped program.

04 _____ Children demonstrate gains in the cognitive domain.

05 _____ Children demonstrate gains in the social domain.

06 _____ Children demonstrate gains in the motor domain.

07 _____ There is a reduction of parents' tension or stress once they realize the program provides someone/something to help their exceptional children.

08 _____ Parents tend to acquire more acceptance of their children's exceptionalities.

09 _____ Parents learn to have more realistic expectations for their exceptional children.

10 _____ Parents are sometimes freed, so that they can do routine things like shopping or, in some cases, seeking employment.

11 _____ There is more acceptance of exceptional children by regular education teachers and students in the school setting.

12 _____ There is more community acceptance of exceptional children.

13 _____ I can see no benefits from this program.

14 _____ Other____

____

23B. *Write the number of the benefit among those listed above that is the MOST IMPORTANT benefit children and/or parents are receiving from the preschool handicapped program.*

118 19

01 _____

24A. *What difficulties have you observed in the preschool handicapped program? (Check all the difficulties you have observed.)*

120 145

01 _____ There are difficulties in securing and keeping an adequate number of teachers and other program staff.

02 _____ There are difficulties in finding qualified or trained staff.

03 _____ Funding is not adequate.

04 _____ There are difficulties in finding children who are potential qualifiers for the program.

05 _____ There are difficulties in assessing children referred for services.

06 _____ Teachers have difficulty in transporting materials to home-based settings.

07 _____ Medical evaluations frequently delay the assessment process.

08 _____ Medical evaluations are difficult to interpret.

09 _____ Parents are less involved than they should be.

10 _____ There are inadequate curricular materials available for use with low-functioning children.

11 _____ Materials/supplies are inadequate.

12 _____ The method of transporting students is unsatisfactory.

13 _____ Students spend too much time traveling to and from class.

14 _____ Program staff experience burnout.

15 _____ Available physical facilities are not adequate for these children.

16 _____ The physical facilities are not located in a setting that permits integration of the preschool handicapped children and regular children.

17 _____ Ancillary staff (therapists, adapted physical education teacher, nurse) do not have appropriate working space.

18 _____ There should be more or better coordination between related agencies (health unit, etc.) and program personnel.

19 _____ There should be more or better coordination among the personnel who provide different services within the program (teacher, therapists, adapted physical education teacher, assessment team members).

20 _____ It is difficult to secure special services like physical therapy, occupational therapy, etc.

21 _____ There are problems in integrating the exceptional children and the regular children.

22 _____ The quality of instructional services provided during the extended-year (summer) program is not on par with that provided during the regular year.

23 _____ There are difficulties documenting regression in order to determine children's eligibility for the extended-year program.

24 _____ The extended-year program denies some staff and children the opportunity for a needed break.

25 _____ There are difficulties in interpretation of/compliance with 1508 guidelines. Please indicate the specific area in which these occur:

____

26 _____ Other____

24B. Write the number of the difficulty among those on the preceding page that causes you MOST CONCERN.

146 47

01 ______

****

Being cognizant of your heavy workload and hectic schedule, our staff would like to extend our special thanks to you for participating in this study. We cannot overemphasize the contribution you have made by supplying information about your program.

If there are unique areas, strengths, or weaknesses of your program that have not been addressed in this questionnaire, please comment in the space provided below. Also, please feel free to comment on any item on the questionnaire.

Let us once again encourage you to take advantage of this opportunity to share suggestions or concerns about the preschool handicapped program. Confidentiality is assured. Your time in providing this additional, valuable information is appreciated.

Strengths:

Suggestions for improvements:

Unique areas:

Once again, we would like to thank you for your assistance in this project.

STATEWIDE EVALUATION OF EARLY EDUCATION PROGRAMS FOR HANDICAPPED CHILDREN IN LOUISIANA

1985-86

Questionnaire/Interview

VOLUNTEERS

Developed by:
Betty N. Anderson
JoAnn C. Bower
Bureau of Evaluation

LOUISIANA DEPARTMENT OF EDUCATION
Thomas G. Clausen, State Superintendent

Preschool Handicapped Program Evaluation

Volunteers

This survey is part of a study of the preschool handicapped program in Louisiana. Your answers will help us let people know about the good things the program is doing. Your answers will also help to make the program better for the children and the adults who work with them. We are particularly interested in your perspective as a volunteer working in the preschool handicapped program.

Your answers are confidential. If you have any questions, please feel free to call Dr. Betty Anderson or Dr. Jo Ann Bower at (504) 342-3835.

Please answer every question. Return the survey in the stamped, self-addressed envelope by December 15, 1985.

8 18 *1. What do you do as a volunteer? (Check all that you do.)*

1 _____ Help children learn to count, name objects, recognize colors, recall information, etc.
2 _____ Help children learn to control body movement, move objects, cut, cut, fold, color, etc.)
3 _____ Help children learn to feed, toilet, dress, and groom themselves
4 _____ Help children learn to speak, respond, ask questions, answer questions, etc.
5 _____ Assist the teacher by making visuals (drawings, pictures, displays, etc., for the children)
6 _____ Work with/supervise the children during play time
7 _____ Help the teacher give the children breakfast/lunch
8 _____ Help the teacher/aides get children to and from the bus
9 _____ Help with the preparation of children's meals
10 _____ Help with the routine maintenance of the classroom

11 _____ Other____

____

________/________/________/ ___C ___H ___B ___S
1 2 3 4 5 6 7

2. How long have you been working as a volunteer with the preschool handicapped program?

19 20

1 ______ Years and

21 22

2 ______ Months

3. On the average, how much time do you volunteer to the program?

23 24

1 ______ Hours per week

4. Have you had any training in working with handicapped children?

25

1 ______ Yes
2 ______ No

5. Why are you a volunteer in this program?

6. What benefits do you receive from your volunteer work?

Our staff would like to thank you for particpating in this study. We cannot overemphasize the importance of the information you have supplied.

If there is anything else you would like to say about the preschool handicapped program, write it in the space below. Write anything that would help others understand the program or what you do in the program. Write any suggestions that could make the the program better.

THANK YOU FOR YOUR ASSISTANCE IN THIS PROJECT!

Appendix D

Audit Trail

The audit trail is a six-part document which describes in detail the processes of the evaluation in the area of data collection. The six sections include information related to the development and/or use of the following:

1. Twelve role-specific questionnaire/survey instruments
2. An evaluator-designed classroom observation/interaction data-collection instrument
3. A core of qualitative questions used during the third wave
4. The Early Education Environment Rating Scale (Harms & Clifford, 1980)
5. The Class and Individual Profile data as program descriptors and outcome measures
6. The Kindergarten Teacher Rating Scale as an outcome measure

The audit trail is designed to be a large wall chart. Printing limitations are such that the audit trail is included in three color-coded sections. These sections may be removed from the technical report and assembled as a wall chart.

Twelve role-specific questionnaires

A1. Review of related literature and questions in the original evaluation proposal to establish a core of broad, open-ended questions

A2. Staff discussion of questions, followed by revision of some questions

A3. Review of questions with LEEP coordinators and Advisory Team

A4. Conduct of prefatory naturalistic study during which the questions were fieldtested

   A. Extensive interviews with all available program personnel to determine appropriateness of questions already developed and to elicit suggestions for possible additional questions

   B. Identification of possible data sources

A5. Review of prefatory naturalistic study and instrument design with consultant

A6. Construction of a design matrix reflecting the data elements to be collected and the identified data sources

Use of classroom observation/ interaction data-collection instrument

B1. Compilation of copious field notes taken during the naturalistic study... related to the kinds of children being served in the preschool handicapped programs and the interaction between the staff and the children

B2. Conference with the LEEP coordinators about the meaning conveyed by "categorical" and "non-categorical" and general discussion of Bulletin 1508 guidelines

B3. Conference with bureau staff and telephone conference with research consultant about conveying a more meaningful description of the children in the preschool handicapped program

B4. Design of an instrument to collect data about the interaction (positive/negative/neutral, tactile/verbal) patterns between the staff and the children and the functioning level of children in the program...

   ambulatory/non-ambulatory
   verbal/nonverbal
   sighted/visually impaired/blind
   full hearing/hearing impaired/deaf
   self-feeder/assistance with feeding/
     fed by staff/tube fed by staff
   toilet-trained/in training/
     in diapers/requires catheterization

B5. Internal editing of instrument by Bureau of Evaluation staff

A7. Investigation of the legal status of evaluators to determine their rights to confidential information about special education children. Legal opinion rendered by SDE legal authority that the evaluators were acting in a professional capacity and thereby privileged to confidential records

A8. Development of questions and revision of questions using the design matrix

A9. Staff reaction to questions, followed by editing and revision

A10. Production of instruments containing questions via use of SCRIPT

A11. Fieldtesting of instruments using interview and questionnaire approaches coupled with continued open-ended interviews to expand the design matrix to include data elements associated with additional issues or concerns identified by program personnel and parents

A12. Critical analysis of fieldtesting by the two evaluators followed by revision of the instruments... instruments beginning to have some flavor of the specificity... additional use of triangulation in the examination of several different quantitative databases and hardcopy data sources

B6. Wave 1 fieldtesting of the instrument in nine settings representing four programs

B7. Discussion of fieldtest data, followed by revision of the instrument... adding provisions for data on age, race, sex, and socioeconomic status of the children in the classes

B8. Wave 2 fieldtesting of the instrument in 11 different settings representing eight programs

B9. Discussion of fieldtest results with Bureau of Evaluation staff followed by minor revision of the instrument

B10. Submission of the instrument to LEEP coordinators and to the Advisory Team for critique and review

B11. Submission of the instrument to the Bureau of Data Acquisition and Management, followed by a conference during which the use of the instrument was defended

B12. No revision required at this point

B13. Submission of the instrument to the SDE editor for critique and review

B14. Revision of the instrument based upon recommendations of SDE editor

A13. Review of special education record keeping procedures to determine if information requested on the evaluation instruments was available in established databases in special education programs at the state level

A14. Internal editing and revision of instruments (by four members of the Bureau of Evaluation staff)

A15. Reaction to the drafts of the instruments by the LEEP coordinators... input taken into consideration and instruments subsequently revised

A16. Production of revised instruments using SCRIPT

A17. Wave 2 fieldtesting of the revised instruments using primarily questionnaire approach, followed by interviews with persons to get reaction to content and format of the evaluation... concentrated effort to determine optimum data sources for specific data elements ... discussion of need for and desirability of continued use of triangulation in the collection of certain data elements... day-by-day, site-by-site revision of instruments followed by immediate production of the revised forms via application of SCRIPT

A18. Critical analysis of fieldtesting procedures prior to instrument revision and internal staff review of instruments

B15. Final revision of the instrument, with data processing codes entered in the designated margins in SUPERSCRIPT

B16. Companion record layout for the instrument completed, reviewed by member of Bureau of Evaluation staff, and revised

B17. Review by SDE Special Education Program personnel and an external consultant

B18. Production of a camera-ready copy of the instrument readied for the printer via use of SCRIPT

B19. Delivery to the printer, followed by proofing of printer's test copy

B20. Printing of the instrument, delivery to the evaluators, and coding of the instruments by LEA program, instrument type, site, and LEA program format for use in Wave 3

B21. Presentation of printed instrument to the Assistant Superintendent for Special Educational Services

B22. Wave 3 use of the instrument in 27 sites representing 21 LEA programs

B23. Compilation of data and clean-up of interaction data prior to submitting to Southwest Computer Bureau for data entry

A19. Review of the instruments by the LEEP coordinators

A20. Instrument revision prior to review by special design consultant... conference with consultant followed by additional revision

A21. Use of SUPERSCRIPT to display data processing codes on instruments to facilitate data management

A22. Development of record layout for each instrument

A23. Submission of companion record layouts for each instrument to Bureau of Evaluation editor for review

A24. Submission of instrument drafts to the Bureau of Data Acquisition and Management for review, followed by a conference during which use of the instruments was defended

A25. Revision of the instruments based upon recommendations by Bureau of Data Acquisition and Management staff

A26. Modifications in record layouts based upon Bureau of Evaluation editor's suggestions

A27. Presentation of issues and concerns imbedded in data collection instruments to Assistant Superintendents for Special Educational Services and Research and Development

B24. Delivery of clean instruments to Southwest, along with companion record layout

B25. Entry of data and running of data tape by Southwest; backup by MIS

B26. Verification and file editing prior to running analysis

* * *

A28. Critique of instruments by members of the Advisory Team

A29. Revision of the instruments designed to incorporate suggestions made by the Advisory Team

A30. External review of instruments by SDE editor

A31. Revision of the instruments based upon SDE editor's recommendations

A32. Final draft of role-specific instruments readied for printing

A33. Development of cover sheet and arrangements for copyrighting instruments completed

A34. Business meeting with print shop personnel to discuss printing needs, costs, and timelines

A35. Submission of camera-ready copy to the print shop

A36. Review of test copy of instruments printed by print shop personnel

A37. Corrections on two instruments made, and instruments resubmitted to printing

A38. Presentation of printed data collection instruments to Assistant Superintendent for Special Educational Services

A39. Collaboration with LEEP coordinators and LEA special education supervisors/early childhood coordinators in an effort to get names and addresses of all staff in the preschool handicapped program - in an effort to make the large-scale survey personalized

A40. Delivery of instruments to print shop

A41. Writing of a confidential code book to be used in survey follow-up to ensure a higher return rate and also in data analysis

A42. Arrangements made with mailroom personnel to have outgoing envelopes and self-addressed return envelopes preposted

A43. Meeting with key personnel at Management Information Systems and Southwest Computer Bureau to acquaint the staffs with basic data-entry and data-management needs, as well as timelines

A44. Coding of instruments by LEA program, type of instrument, individual completing the instrument, and LEA program format

A45. Special news release in LEEP coordinators' newsletters to alert preschool staff about the impending survey and to ask for their cooperation

A46. Packaging of instruments, letters of instruction and prestamped, self-addressed envelopes followed

A47. Personal response to questions about the survey by the two evaluators, generally by telephone

A48. Receipt of completed surveys, followed by coding to facilitate follow-up activities

A49. Follow-up via personal telephone calls to persons who had not responded within one week of the deadline

A50. Mailout of additional instruments requested during the telephone follow-up

A51. Receipt of instruments, followed by coding to determine returns by LEA program and by staff role... daily returns recorded in number and percent formats

A52. Debriefing with LEEP coordinators to apprise them of survey and follow-up activities

A53. Data clean-up...each returned instrument checked to make certain responses were in appropriate form for data entry

A54. Meeting with Southwest Computer Bureau personnel to deliver the clean instruments and to discuss any possible data-entry problems

A55. Call to MIS to notify them of turn-around time and need for special back-up tape

A56. Pick-up of tape from Southwest, delivery to MIS, where back-up

A57. Verification of tape data with design consultant, which revealed truncation of pupil appraisal observations

A58. Conference with Southwest personnel about truncation, after which a new tape was run with proper record length specification

A59. Completion of a 15-hour work session with the two evaluators and the design consultant present ...designed to verify data and complete PROC LABELS and PROC FORMATS for approximately 1300 variables

A60. Completion of qualitative summary based upon data gathered via interview protocols, observations, and to a lesser degree, use of the questionnaires

A61. Analysis of quantitative data on tape using basic descriptive statistics and canonical correlation

Qualitative core questions

C1. Compilation of a list of issues and concerns that were identified during final stages of Wave 2 and the interim between Wave 2 and Wave 3--issues and concerns not included on the final draft of the role-specific questionnaires

C2. Interviews with two state health professionals to determine the medical position relative to maintenance-of-health procedures

C3. Categorization of issues and concerns by role (school-level administrator, classroom teachers, aides/assistants/paraprofessionals, professional ancillary staff, and kindergarten teachers)

C4. Development of interview protocols for each role--including specific questions to be used with each of the role representatives

C5. Bureau of Evaluation staff's reaction to questions, with primary consideration being clarity and interpretability of questions

Use of the Early Education Environment Rating Scale (Harms & Clifford, 1980)

D1. Review of related research literature to get notion of what things might or might not be present in the preschool handicapped learning environment

D2. Discussion with field experts--the LEEP coordinators and the special education project evaluator--to do a reality check on the environmental factors cited in the literature

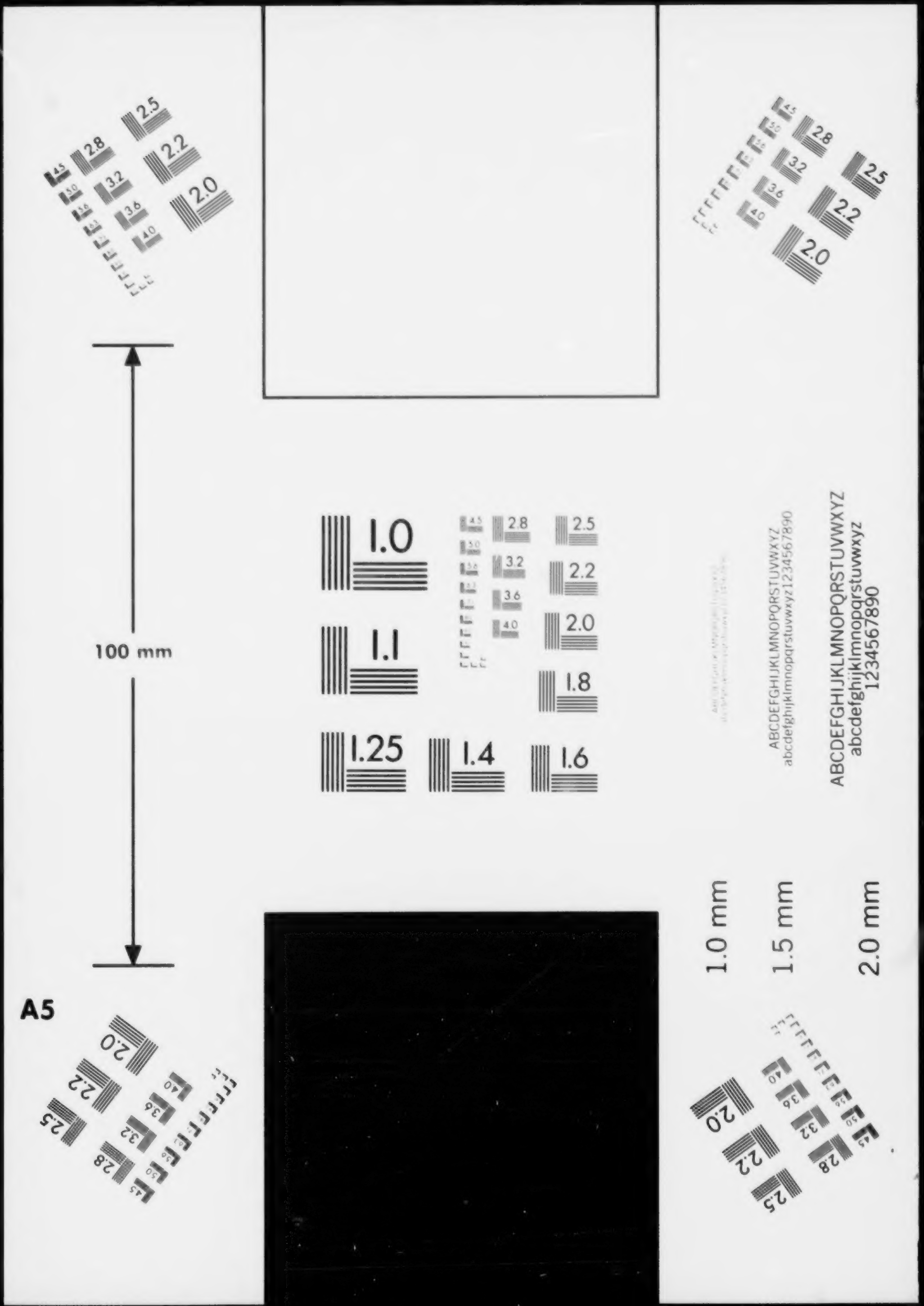
D3. Conduct of a prefatory naturalistic study, during which copious, descriptive field notes were taken

D4. Discussion with evaluation staff related to analysis of the field notes, particularly that portion describing the actual classroom environment and activities

D5. Conference with research consultant, one purpose of which was to explore some ways to adequately and accurately relay to the study's audiences what the learning settings looked like and what was going on in the settings

D6. Decision to try verbal descriptions and evaluator-drawn blueprints of the classrooms to describe the program environments

D7. Wave 1 implementation of above decision in 10 different settings


100 mm
A5
PG
1.0
1.1
1.25
1.4
1.6
1.8
2.0
2.2
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2.8
3.2
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4.0
4.5
5.0
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz1234567890
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
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1.0 mm
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2.0 mm

C6. Discussion of the data that two teams of evaluators were to collect via use of the qualitative core questions... involving five members of the Bureau of Evaluation staff

C7. Revision of the qualitative core questions

C8. Third-wave use of the qualitative core questions in on-site interviews with appropriate available staff

C9. Compilation of Wave 3 fieldnotes based on the qualitative core questions

C10. Writing of a summary report on the qualitative core

D8. Daily conferencing between the two evaluators to note strengths and weaknesses of the procedure

D9. Bureau staffing to discuss inadequacies of the procedure used in Wave 1

D10. Telephone conference with research consultant to pursue some other options related to describing the program environment

D11. Market search of available scales for use in describing learning environments, particularly early childhood education environments, and specifically preschool handicapped learning environments

D12. Tentative selection of the *Early Education Environment Rating Scale* for use during Wave 2 case studies

D13. Subjective use of the scale in 11 different settings during Wave 2, with evaluators using the scale primarily as a structural guide for the program environment descriptions they were writing

D14. Staff analysis of the appropriateness and adequacy of the scale's use in preschool handicapped learning environments

D15. Discussions with both the research consultant and the design consultant about possible use of the scale, resulting in a "status check" among university-level experts in the field by one of the consultants

D16. Technical telephone conference with one of the scale's authors regarding the different scale areas, research done using the scale in handicapped learning environments, and training arrangements

D17. Receipt and review of related training materials by the two evaluators

D18. Decision to explore scale in depth with one of the authors

D19. Evening conference/work session with one of the scale's authors to discuss intended use of the scale and possible elaboration of a "special provisions for exceptional children" item

D20. Seven-hour training session, during which one author worked with the two evaluators

D21. Four-hour "application-of-training" session in a preschool handicapped setting (the author and the two evaluators)

D22. Conference with the author and two evaluators to discuss, analyze, and evaluate the correctness of scale ratings given by each of the three raters

D23. Five four-hour observations at five different sites completed by the two evaluators, each of which was followed by a discussion and critical review of the two sets of ratings requiring a minimum of one

D24. Discussions with design consultant, SDE statisticians, and one university experimental statistician related to documentation of interrater reliability in the use of the scale

D25. Selection of Kendall's coefficient of concordance to determine level of interrater reliability

D26. Compilation of scale data from the five practice observation sites and subsequent analysis of each set of data

D27. Conference with the design consultant regarding the outcome of the data analysis

D28. Use of the scale by the two evaluators in 27 site observations during Wave 3

D29. Review of the use of the scale with author following the fall observations and prior to the spring observations

D30. Compilation and clean-up of scale data

D31. Data records sent to Southwest Computer Bureau for data entry on tape

D32. Verification and analysis of tape data

D33. Conference with one of the scale's authors regarding possible use of the scale as a structural framework for a "best-practices" slide/tape presentation

D34. At the request of the LEEP coordinators, a special training session in the use of the scale...a session which culminated with a discussion of the immediate implications of the scale's use in special inservice training conducted by the LEEP coordinators

D35. Compilation of a list of "best-practices" photos at different sites across the state, using the scale areas as a structural framework

D36. Slide/tape fieldwork in programs across the state, followed by actual media production of the "best-practices" presentation

* * *

Use of the Class and Individual Profile Data as Program Descriptors and as Outcome Measures

Use of the Kindergarten Teacher Rating Scale as an Outcome Measure

E1/F1. Preliminary review of related literature to get a handle on some possible outcome measures

E2/F2. Discussions with LEEP coordinators about appropriate outcome measures and the limitations of some outcome measures with exceptional children

E3/F3. Discussions with program personnel during the naturalistic study about the appropriateness and availability of specific outcome measures

E4/F4. Consideration of discussions at the federal level about appropriateness and limitations of outcome measures in special education

E5/F5. Conferences with research consultant and design consultant about possible outcome measures or product variables

E6. Wave 1 polling of teachers, pupil appraisal staff, and supervisors to determine what tests were used how often by which teachers to pretest and posttest children in the program

F6. Extensive review of widely used tests measuring early childhood skills

E7. Presentation of polling data to the LEEP coordinators as a reality check on generalizability of results statewide

E8. Examination of LAP and Early LAP, the two most frequently used tests according to the Wave 1 poll, to establish a format for reporting pretest/posttest data on individual children

E9. Review of the format by the LEEP coordinators, followed by a discussion of raw-score and developmental-age score reporting

E10. Revision of the format based upon LEEP coordinators' suggestions

E11. Revision of the instrument, followed by production of the fieldtest copies via the use of SCRIPT

E12. Fieldtesting on-site with ten teachers representing eight different programs

E13. On-site review of data reported by teachers, followed by an evaluator/teacher discussion of pretest/posttest timelines and the implications of the different exceptionalities

F7. Construction of an instrument reflecting the core skills measured by most of these tests (fine motor, gross motor, expressive language, receptive language, socialization, self-help, cognitive, and school-appropriate behaviors)

F8. Establishment of a four-point scale indicating if a child's performance in a given skill area were above the class average, below the class average but still satisfactory, or unsatisfactory

F9. Internal review of the instrument by Bureau of Evaluation staff, followed by format revisions

F10. Discussions with LEEP coordinators and special education supervisors about getting access to kindergarten teachers who had preschool handicapped "graduates" in their classes

F11. Calls to LEA special education supervisors at Wave 1 sites to acquaint them with evaluators' need and desire to interview kindergarten teachers with preschool handicapped "graduates" in their classes

E14. Modifications in the instrument based upon field work... pretest/posttest dates were added in a MMDDYY (month/day/year) format; demographic data reporting provisions (sex, race, socioeconomic status) on each child were added, provisions for reporting the child's primary handicapping condition, his participation time in the program, his age, his participation in the extended-year program, and his exit placement were also made; and provisions were made for teachers to report what tests they were using to pretest/posttest the children if they were not using LAP or Early LAP

E15. Review and critique of the revised instrument by the LEEP coordinators, followed by review and critique of the instrument by the Bureau of Evaluation staff

E16. Revision of the instrument

E17. Reaction to the instrument by preschool handicapped teachers

E18. Review of the instrument by the members of the Advisory Team

E19. Revision of the instrument based upon Advisory Team input

E20. Review of the data-collection instrument by SDE Paper Reduction Committee

F12. Wave 1 fieldtesting of the instrument, which consisted not only of the teacher's rating the "graduates" in the skill areas, but also of the collection of qualitative data related to the kindergarten teachers' concerns about having some of these children in their regular kindergarten classes and their information needs

F13. Review of fieldtest data, followed by minor revision in instructions for completing the instrument and the addition of illustrative, specific skills and behaviors for the major areas in which the teachers were asked to rate the children

F14. Submission of the instrument to the LEEP coordinators for review and critique

F15. Minor revision based on LEEP coordinators' input

F16. Production of fieldtest copies via use of SCRIPT

F17. Wave 2 fieldtesting of the revised instrument

F18. Review of the fieldtest data followed by the addition of a qualitative element dealing with the kindergarten teachers' perceptions of the efficacy of child search activities geared toward the preschool handicapped population

E21. Production of a camera-ready copy of the instrument, complete with data processing codes in SUPERSCRIPT via use of SCRIPT

E22. Delivery of instrument to print shop personnel for production

E23. Proofing of printer's test copy

E24. Production, followed by delivery to the evaluators

E25. Presentation of printed instrument to the Assistant Superintendent for Special Education Services

E26. Coding of instruments by LEA program, instrument type, individual teacher, and individual child

E27. Publication of a series of releases in the LEEP coordinators' newsletters alerting teachers about the study and the importance of their participation, particularly in reporting the data requested on this instrument

E28. Special status reports to the supervisors of special education at their regional meetings, during which the data-collection efforts were explained and their cooperation solicited

E29. Mailout of personal letters to each teacher working in the preschool handicapped program, explaining the importance of the outcome data and actively seeking support of and participation in

F19. Bureau of Evaluation staff meeting to discuss the qualitative elements on the instruments

F20. Minor revision in the wording of the qualitative elements

F21. Review of the instrument by members of the Advisory Team

F22. Production of a camera-ready copy of the instrument, complete with data processing codes in SUPERSCRIPT, readied for printer

F23. Delivery to printer, followed by later proofing of test copy

F24. Printing of instruments and delivery to the evaluators

F25. Review by SDE Bureau of Data Acquisition and Management

F26. Presentation of printed instrument to Assistant Superintendent for Special Educational Services

F27. Coding of the instruments by LEA program, instrument type, site, and program format

F28. Notification of special education super- visors in Wave 3 programs of the need and desire to interview kindergarten teachers, even if a trip to a campus other than the observation site were necessary

F29. Use of the instrument at 27 sites representing 21 programs during Wave 3

E30. Packaging of coded instruments and prestamped, self-addressed return envelopes in mailout envelopes addressed personally to 427 teachers

E31. Mailout, followed by evaluators' personal response to any questions about the instrument's completion raised by teachers in the field

E32. Return of instruments to the evaluators, followed by return coding using a specially designed data code book

E33. Major follow-up effort via 145 personal telephone calls to non-respondents

E34. Mailout of additional coded instruments to teachers requesting them

E35. Continued return coding of instruments received, with daily return rates computed and recorded

E36. Clean-up of data initiated; problems with score discrepancies noted

E37. Work session and telephone conference with three members of the LEEP staff to determine the reasons for score discrepancies

E38. Conference with design consultant about implications of data clean-up activities

F30. Compilation of the data and clean-up prior to delivering the instruments to Southwest Computer Bureau for data entry

F31. Data entry and running of data tape

F32. Verification and file editing prior to running analysis

* * *

E39. Clean-up of data finalized with setting of special codes to reflect score data reported as not applicable, age-appropriate, no ceiling, or no basal and scores that were invalid for either raw scores or developmental-age scores

E40. Delivery of clean instruments to Southwest Computer Bureau and explanation of modified record layout for this instrument

E41. Production of data tape by Southwest, followed by their delivery to Management Information Systems (MIS)

E42. Running of a backup tape by MIS

E43. Mailing of data tape to design consultant for a preview prior to working with evaluators on actual analysis; file editing and merging with other project data completed

E44. Data analysis completed in a 15-hour work session over a two-day period with the design consultant and two evaluators present

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Appendix E

Advisory Team Summary

The Advisory Team consisted of 15 members who met in three formal meetings during the course of the study to serve in a quality assurance role, to review data collection instruments and activities, and to serve as a dissemination team upon the completion of the project tasks. At each meeting, the team received input from the evaluators and provided feedback from the field. This input-feedback loop provided assurance of on-going evaluation throughout the course of the study.

Members of the Advisory Team represented state and local level special education agencies. Rural and urban areas were represented as well as the large and small school systems. Special and residential programs were also represented. A list of the members of the Advisory Team and their program affiliation appears at the end of this summary.

At the first meeting of the team, the tasks included review of the evaluation questions in an effort to identify problem areas and to serve as a reality check. The second meeting tasks included the review of the data collection instruments under development and the analysis of the workability of the data collection activities planned for the following year. During the third meeting, the evaluators held a debriefing session for the Advisory Team, and their tasks were to identify and describe avenues for disseminating the findings of the study statewide.

The three meetings were held at strategically scheduled times throughout the study. A copy of the agenda for each meeting follows.

STATEWIDE EVALUATION OF THE EARLY EDUCATION PROGRAM FOR HANDICAPPED CHILDREN IN LOUISIANA

Advisory Team Meeting

January 17, 1985 - 10:00 a.m. - 3:00 p.m.
Education Building, Second Floor Conference Room

AGENDA

10:00	Welcome - Irene M. Newby, Assistant Superintendent for Special Educational Services Jerald J. Hinton, Assistant Superintendent, Research and Development Introductions - Betty N. Anderson, Project Director, Bureau of Evaluation
10:15	The Preschool Handicapped Program - Ron Lacoste, Section Chief, OSES Preschool Programs
10:30	Overview of the Preschool Handicapped Evaluation Project Suzanne Triplett, Director, Bureau of Evaluation
11:00	Work Session - Small groups conducted by Anderson, Triplett, and Lee Hoffman, Assistant Director, Bureau of Evaluation Program Definition Program Effects Program Relationships
12:00	Wrap-up by each group
12:30	Lunch (To be provided)
1:00	Brainstorming Session - Problem Identification, Reality Check conducted by Anderson, Hoffman, and Triplett
2:00	Individual and Group Assignments
2:30	Summary - Plan for future meetings
3:00	Adjournment

STATEWIDE EVALUATION OF THE EARLY EDUCATION PROGRAM FOR HANDICAPPED CHILDREN IN LOUISIANA

Advisory Team Meeting

June 21, 1985 - 10:00 a.m. - 3:00 p.m.
Education Building, Committee Room II, First Floor

AGENDA

9:30	Coffee
10:00	Call to order - Opening remarks
10:15	Debriefing Session Sampling Frame Waves 1 and 2 - Review of data collection instruments
11:00	Areas to be explored in Wave 3
11:30	Discussion period
12:00	Lunch (provided in cafeteria)
12:45	Implementation of Wave 3 in 1985-86
1:30	Feedback to local school systems about study results
2:30	Question and answer period
3:00	Adjournment

STATEWIDE EVALUATION OF THE EARLY EDUCATION PROGRAM FOR HANDICAPPED CHILDREN IN LOUISIANA

Advisory Team Meeting

May 22, 1986 - 10:00 a.m. - 3:00 p.m.
Education Building, Conference Room Fifth Floor

AGENDA

9:30 Coffee

10:00 Call to order - Opening remarks

10:15 Update of project activities for Wave 3 in 1985-86

- Class observations
- Data collection using the questionnaires
- Parent interviews
- Interagency group interview

10:45 Work Session - Small discussion groups
Question - What information would be useful to decision makers at the program and school levels?

11:45 Wrap-up by each group

12:00 Lunch (To be provided)

12:45 Brainstorming Session - Issues and concerns, benefits and difficulties, strengths and weaknesses

1:45 Dissemination activities - Planned for project
Suggestions from the Advisory Team

3:00 Adjournment

Advisory Team Members

Peggy Bell, Supervisor of Special Education
Beauregard Parish Schools

Fred Black, School Psychologist
West Baton Rouge Parish Schools

Elaine Davis, Supervisor of Curriculum and Instruction
Special School District No. 1

Richard Doolin, Supervisor of Special Education
Lafayette Parish Schools

Larry Gage, Supervisor of Special Education
St. Mary Parish Schools

Donnie Faye Hull, Director of Special Education
East Baton Rouge Parish Schools

Joan Kain, Coordinator of Exceptional Preschool Programs
Jefferson Parish Schools

Ron Lacoste, Section Chief, Preschool Programs
Louisiana Department of Education

Linda Long, Supervisor, Joint Project for Children and Parents
Services, Louisiana Department of Education

Edith Lucky, Principal of the Preschool Center
Natchitoches Parish Schools

Tama Luther, Director of Psychological and Social Work Services
Louisiana Department of Education

Emmlyn Mashaw, Supervisor of Special Education
Union Parish Schools

Clydie Mitchell, Director of Children's Center
Louisiana State University Medical Center

Cindy O'Meara, Supervisor of Special Education
Pointe Coupee Parish Schools

Hope Teague, Supervisor of Preschool Handicapped Programs
Rapides Parish Schools

Appendix F

Interagency Group Interview: Summary Report

In the process of collecting information for the Statewide Evaluation of the Early Education Program for Handicapped Children in Louisiana, it became apparent that a number of agencies and organizations outside the realm of the public school system provide services to preschool handicapped children and their families. Review of this information indicated that a spectrum of services was provided by agencies, clinics, individual physicians, and others, with a preponderance of services found in the highly populated areas of the state. Examination of these populated areas revealed that one parish was an interagency examplar because of its number and variety of available services .

A list of representatives of the agencies, organizations, as well as medical professionals who work closely with handicapped children in and around the selected metropolitan area was prepared by personnel in the Louisiana Early Education Program for the Handicapped, Louisiana Department of Education. These representatives were invited to a group interview on February 14, 1986, from 10:00 a.m. until 3:00 p.m. at the State Education Building. Twelve of the 14 invited representatives attended. In addition, two early childhood coordinators, one from the parish and the other from the Louisiana Department of Education, were also invited to participate. The group interview was conducted by four members of the Bureau of Evaluation. (A list of the participants and their affiliation appears at the end of this report.)

The group interview format was chosen for this meeting, as it allows for the gathering of descriptive information about the programs with which each person is involved. It also provides an arena for the questioning of participants as well as the exchanging of information among all participants. For part of the meeting, the attendees were divided into two groups of eight persons each. Members of the Bureau of Evaluation served as the interviewer and recorder for each group. (See agenda attached.)

The following questions formed the basis for the interview:

1. What services are being provided by you or your agency for handicapped children between the ages of 0 and 5 and their parents?

2. How does each agency locate the children that it serves?

3. What coordination of services exists among the agencies and between the agency and the public school system?

4. What are the benefits/problems of networking as it is now structured?

Question 1. What services are being provided by you or your agency for handicapped children between the ages of 0 and 5 and their parents?

This question generated the following list of services:

- Basic medical care (physical and dental examinations and treatment, hearing and vision screenings and treatment)
- Diagnostic, placement and follow-up services
- Direct therapy--speech, physical and occupational
- Progressive screening, discharge planning and referral service transportation
- Parent involvement and parent training
- Technical assistance to teachers of the preschool handicapped children
- Funding for new and innovative programs
- Home-based or center-based service delivery model
- Comprehensive treatment services including appliances, glasses, hearing aids, surgery and genetic counseling

The agencies reported that services are generally provided at no cost to the patient. If there is a cost, it is often absorbed by Medicaid. In some instances, the parents are requested to pay a fee based upon their income. It was also noted that many volunteer services are donated by physicians (some of whom may be paid a $300 per-month honorarium). In light of impending budget cuts statewide, some representatives indicated that their agencies may have to consider a fee structure in the future, although none is in place now.

Many agency representatives reported that they have changed their focus and direction over the past 10 years because of the changes in provision of services by the public school systems, the advances in technology, and the trend toward saving infants who, a few years ago, would have died. For example, screening of 3-to 5-year-old children, such as that formerly done by the Joint Project for Children and Parent Services, is now the responsibility of pupil appraisal personnel in the parishes. Also children who were formerly restricted from attending public schools are now receiving educational, support and related services from the public school systems. Advances in technology have increased the life expectancy of handicapped children who formerly were not expected to reach their teen years, and the trend toward saving the more involved and premature infants has resulted in increased referrals for services.

Parental involvement is required by some agencies if the child is to receive services. Parents are encouraged to volunteer their services, to visit the center and participate in activities with their child, and to allow personnel to visit the home. Treatment and training in the home were preferred over the center-based program by many of the agency representatives. They maintained that the home-based program enables the teacher to pull the family into the instructional program at any time, thus integrating the family and the system. Some representatives reported that parents are often trained in the proper techniques for providing medical help, such as CPR, prior to the release of their child from a hospital program. The representatives also stated that often a public health nurse visits a child's home to determine if the child should be discharged into the home environment and to guarantee that the child receives adequate care in the home setting.

Some parent training is being provided, e.g. genetic counseling and treatment counseling. Several members of one group expressed a need for Parent Effectiveness Training.

Question 2. How does each agency locate the children that it serves?

According to the focus-group participants, initial referrals generally come from parents themselves, from other agencies, from neonatal intensive care units, or occasionally from private physicians. Many agencies provide screening clinics as well as counseling services for parents. Informed parents sometimes request services from several agencies, as they are not always sure that their children are getting appropriate and adequate services. One ensuing problem cited was the duplication of service that could be detrimental to the child particularly if one therapist works in opposition to the other. However, the group indicated that multiple services do not always result in a duplication of services; they may result in the comprehensive delivery of services for a child who requires several different types of services.

The concern over the duplication of services was especially evident in the case of speech therapy services. It was reported that there are several speech therapy centers in the area. Numerous professionals are providing service in the public schools, and many private providers are funded with public monies through Early Periodic Screening, Diagnostic and Treatment. This multiplicity of programs and duplication of funding is "not coordinated between public health agencies and schools at this time."

The group felt that child search activities do not seem to be any more effective in Louisiana than in other states but, as one person said, "We have never had to solicit" (children for services). Several people indicated that there are waiting lists for both diagnostic and treatment services--"currently 90 to 100 children with severe speech problems" (on a waiting list for services).

Question 3. What coordination of services exists among the agencies and between the agencies and the public school systems?

The underlying theme relative to a comprehensive service delivery model that surfaced very early in the discussions was the willingness of agency/institutional representatives to share information among themselves. Agencies such as Handicapped Children's Services and the Joint Project for Children and Parent

Services, and neonatal clinics, screen children and refer them for treatment at their own facility or to other agencies as they deem necessary--all to meet the needs of the individual child.

Discussion centered around the presence of and need for written guidelines outlining the procedures for interagency transmittal of information related to an individual child or the parents. Some participants expressed the idea that guidelines would only be another red-tape measure that would hinder the provision of services, particularly when immediacy of service was required. Others expressed concern that, without written guidelines, the relationships established on friendships or the desire to serve the children would not have any carry-over effect when one person left an agency or school system. It was noted that written guidelines were needed more often at the upper echelon of an agency or school system than at the implementation level.

One representative reported that in the very near future a new statewide Information and Referral Service is expected to begin under the aegis of the Developmental Disabilities Council. It will be a hot line with a computerized referral system. The group saw this service as a needed addition, but did not view it as the ultimate method for ensuring that children do not fall through the cracks.

Question 4. What are the benefits/difficulties of networking as it is structured now?

More handicapped children are being identified and served now than in the past according to the participants. Because of advances in medical technology, a higher percentage of the handicapped population is surviving for a longer period of time. The group noted that quality of life is no longer a question; sustenance of life is imperative.

The trend toward deinstitutionalization is bringing the handicapped child back into the home and the local school, according to the participants. Precedence-setting cases such as Gary W. have been publicized, making parents more knowledgeable about the services that are provided through agencies and better informed about the responsibilities of the school systems for the education of their handicapped children.

Some representatives reported that many children fall through the cracks in spite of all that is being done. One reason they cited is the inadequacy of current assessment instruments used to identify the handicapping condition in the very young child. Another that they cited is the transient nature of the population which makes tracking a handicapped child very difficult. Participants reported that some parents do not suspect that the child is handicapped, so they do not seek services--or if they do suspect a problem, they don't know where to go to get appropriate services for the child. The group generally agreed that many parents refuse services because they do not wish the child to be labeled "handicapped."

During the discussion, one representative also indicated that interagency information-sharing may not always occur, because personnel may fear they'll get into trouble if they release information. The representative also indicated that professional personnel sometimes have difficulty in explaining to parents the nature of a child's developmental problem and the steps to be taken in order to secure appropriate services for the child. In other cases, according to a neonatologist, inundating parents with information or requiring them to take a child to several different sites to see several different service providers may result in the parents' total confusion, frustration, and inaction.

Some positive features which came to the fore in the discussions included the amount of donated professional services for handicapped children found in this area. Discussion continued:

> It is not hard to recruit people if you have something to offer them. Working with handicapped children provides an opportunity for physicians to learn and to keep busy, especially those just getting started. In this way young physicians can build up a practice although it may not be their original motive for volunteering.

Discussion of the rising incidence of the birth and survival of low-birth-weight and very-low-birth-weight babies led to a discussion of the methods for dealing with this phenomenon. It was suggested that the cheapest way would be prevention through prenatal care and education, the prevention of pregnancy, especially among young girls, and family-life education, e.g. in instructional courses in school. While it was acknowledged that teen-age pregnancy is a pressing problem, it was also noted that handicapped children are most likely to be born of very young girls and older women.

Conclusions

Conclusions to be drawn from the discussion are as follow:

1. In a large metropolitan area such as the one represented, there are numerous and varied services for handicapped children and their parents. While duplication of services is a concern, the multiplicity of services may be necessary to provide the array of services needed by the handicapped child and his family.

2. Screenings by neonatal clinics and some of the agencies have been successful in identifying and referring handicapped children for treatment and services. The reasons for not locating and identifying handicapped children at an early age are many and varied. Quite often parents fail to recognize that their child has a problem, refuse to admit that the child is delayed, or attempt to locate the appropriate service to meet the child's

needs as well as their own.

3. There is an informal networking system, and its effectiveness is largely due to the efforts of the individual persons in each agency.

4. Many of the services formerly provided by agencies and clinics are now provided by the public school system. Parents are more aware of the LEA responsibilities for the education and training of their handicapped children. However, as more services are provided, it increases the expectancy of services. The impact of budget cuts on the continued provision of services by public agencies and clinics is not predictable at this time.

Recommendations

As the handicapped population increases, it will require more programs, more services, and more efficient networking in order to eliminate, if possible, duplication of programs, services, and funding. An effort toward the prevention of handicapping conditions at birth is of paramount importance.

Communication between education and health agencies at the state level and also at the local level needs to be improved. Lines of communication all too often rely directly on the personalities of the individuals at each level.

Parents need to be more involved in the programs for their children. They should be trained to assist in educating and treating their children in the home environment. Professionals

F.12

STATEWIDE EVALUATION OF EARLY EDUCATION PROGRAMS FOR HANDICAPPED CHILDREN IN LOUISIANA

Interagency Meeting February 14, 1986

Conference Room, 2nd Floor Education Building

Agenda

9:30 Coffee and Registration

10:00 Welcome and introduction of guests

10:15 Overview of Statewide Evaluation

10:30 Work Sessions - Small group discussion

What are we doing for kids -- and their parents?

12:00 Wrap up by each group

12:30 Lunch

1:00 Brainstorming Session -

Talking to each other: How does the net work?

2:30 Wrap up - Procedure for review and feedback

3:00 Adjournment

Interagency Meeting Participants

Ms. Sheila Moore
Office of Mental Retardation

Mrs. Ollie Doucet
Office of Mental Retardation

Dr. David Van Gelder
Pediatrician

Mr. Joyce Moses
Headstart Association

Ms. Beth Manning, Social Worker
Woman's Hospital

Ms. Claire Waldren
LSU Speech and Hearing Clinic

Ms. Glenda Barnes
Baton Rouge Speech and Hearing Foundation

Ms. Betty Cook
Handicapped Children Services

Ms. Leah Foster
Region II Communicative Disorder Program

Ms. Cheryl Parkhurst
Early Intervention Program

Ms. Alice McCracken
Cerebral Palsy Center

Dr. Judith Fishbein
Earl K. Long Hospital Children's Clinic

Ms. Carole McCutcheon, Region II Coordinator
Louisiana Early Education Program

Mrs. Muriel Morrison, Early Childhood Coordinator
East Baton Rouge Parish Schools